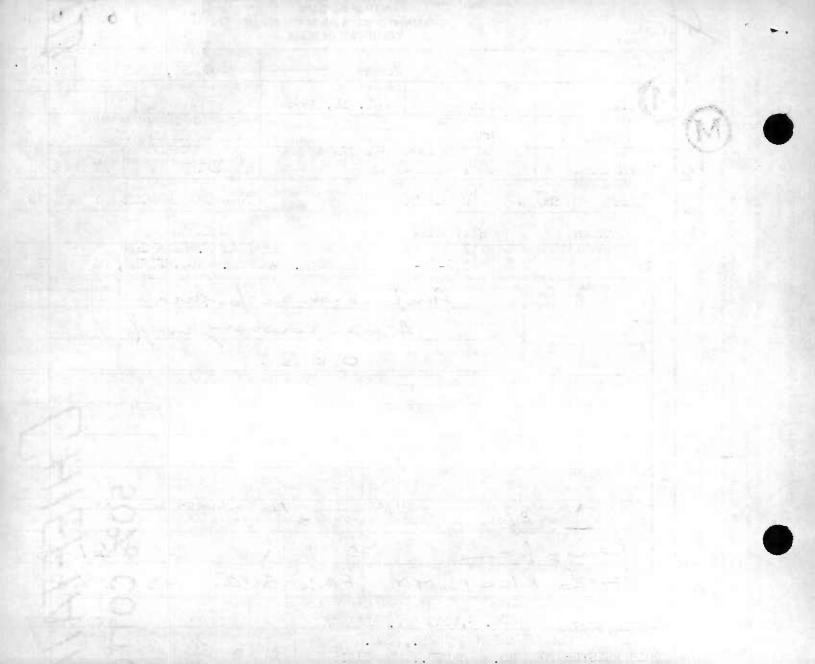
BALTO MD 21215

(VRA 15, 4)

6010 REISTERSTOWN RD

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	REG, NO.		
1. DECEASED NAME	FIRST	A	NIDDLE		AST	20. DATE OF DEATH MO	NTH DAY YEAR	2b HOUR
(TITE ON PRINT)	GLA	DYS		AI	DAMS	March 24,	1983	5 PM
3 SEX	APA X	4. RACE		S. DATE		6. AGE IN YEARS LAST BIRTHD		
Female		Whi	te	Sep	t. 9, 1903	79	YRS.	HOURS MIN.
76. BIRTHPLACE (STATE OF F	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B. MAPPIE	D MEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
New Jer	sey	USA	A	WIDOW		Baltimore	County	MD.
10. CITY OR TOWN OF DEA	ATH		OSPITAL, NURSIN FACILITY, GIVE STREET		OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OF BUSINESS OR
Towson					ng Center	Homemake	r	
USUAL RESIDENCE (IF NURS 13a. STATE Maryland	13P CON		13c. CITY OR TOW TOWSON	N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 205 E. Jopp	a Road	21204
14. FATHER'S NAME					15. MOTHER'S MAIDEN NAM	ME		
PIRST		MIDDLE	Hall		PIRST	Unknow		AST
160 WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR OATES)	214-01-9	095A	Mr. Earl F.	Adams s	ame as # 1	3
18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	nly one couse per D BY: TE CAUSE (a)	line for offo, one	le	Morard	ei Prais	Less See	XIMATE INTERVAL HONSET AND DEATH
Conditions, if ony,		DUE TO, OF	REPONSEQUE	NCE OF	fleral 1	ASTUR	5 5 2	yeis
couse (a), statin	ig the	DUE TO, OF	AS A CONSEQUE	NCE OF	0			
PART 2. OTHER SIGN	NIFICANT (CONDITIONS CO	INTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1	(0)
190. DATE OF OPERAT	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIND	

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

22a.1 certify that (I) (this hospital) attended the deceased from

(IF EITHER, NOTIFY MEDICAL EXAMINER

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Burial

23a BURIAL, CREMATION, REMOVAL

21d. INJURY OCCURRED

226. SIGNATU

HOUR A.M. MONTH DAY YEAR 19

21a, PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

CITY OR TOWN

NOX

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Mar. 25, 1983

STATE

NO I

COUNTY

death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDIGAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

Baltimore Cemetery

7501 York Road

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION Baltimore

Maryland

24. FUNERAL DIRECTOR

MEDICAL

Ruck Towson Funeral Home, Inc. 1050 York Rd.

Charles F. O'Donnell, M.D.

3/28/83

23b. DATE

250. DATE REC'D. BY REGISTRAR 251 BEGISTRAR'S SIGNATURE WINR 2 8 1983

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has

(VRA 15, 4)

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IMPORTANT: If hem 21 is

BP.

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STATE OF MARYLAND

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Ma	rvland		imore	Middle		YES NO DO	3505 Whee	hous	e Rd.	27.220
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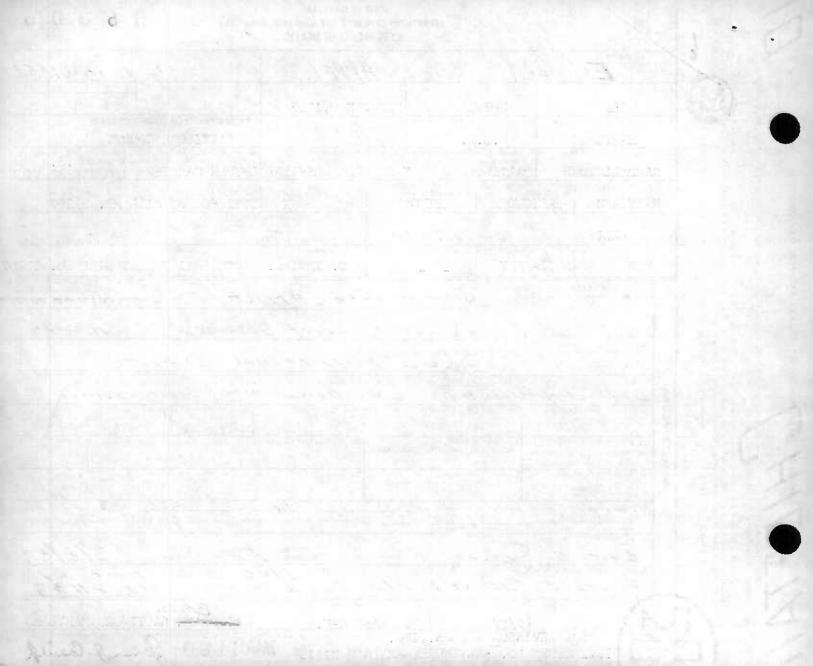
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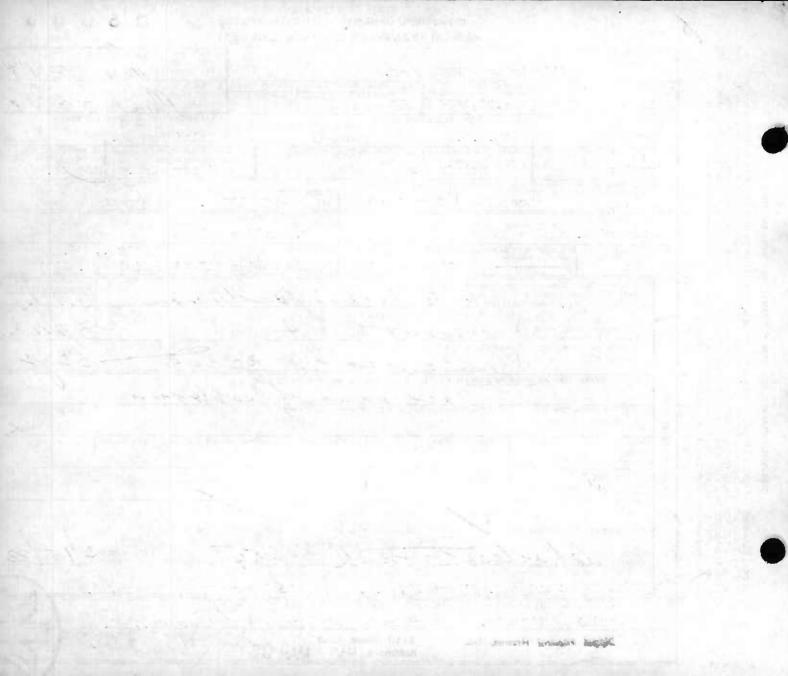
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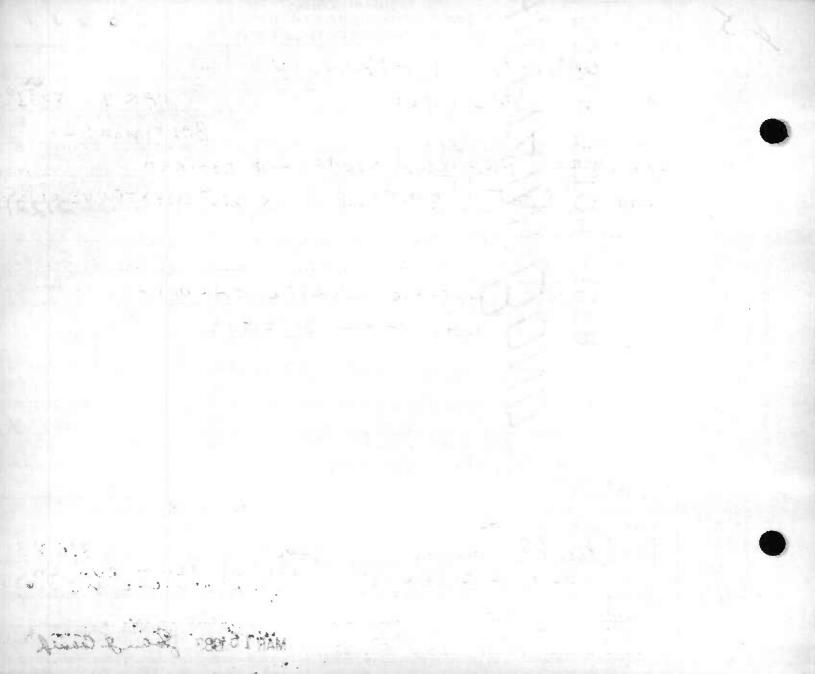
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A SERVICE TO	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HO	ME, OR OTHER INSTITUTIO	ON 12a. USU	JAL OCCUPATION MOST OF WORKING I	ON (TYPE OF WOR	OR INDUS	TRY
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MA GRIVE		Yes W	W II	215-12-	-9873 Thelr	ma Hurl	ey,P.O	. Box	462, Nea	
T. S.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI	ly one cause per line	for (a), (b), and (c).)	11160-5	-11 0	ARDI	or	BETWEEN MC	INTERVAL AND DEATH
A HERMAN			E CAUSE (a)		SCLEROT	16 61	31-11	0 -		
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PAN	-	Conditions, if any, which gave rise to immediate	(b)_ <u>U</u>	付うしゅ		7 5 14 7	4			
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OF VITAL I ATE SHOUL FE WORD "I FE CHIEF FILD BE USEF MENT OF H TO BURIAL	E	210. EXTERNAL CAUSE WAS	21b. TIME OI	C AN LILIDAY	101 11011111111111111111111111111111111				YES 🗆	NO X
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DI E, WRI E, WRI E, WARE PAGE STATE		AT WORK AT WORK					4-			
NO. O. O		22a I certify that I taak chorg	e of the remains de	scribed above, held an	Autopsy . I	Inspection 🔀	Inquiry	_ and in my	opinian .	
EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: WARYLAND		death resulted from Natur	al couses	Accident ,	Suicide . Homicide	e . Undet	ermined manner	∐.		
EXAMINE BUILD B DIRECTION WARY		ACTUAL &	Ch.		TITLE (SPE	CIFY)		DA	2/11/	43
ZEZEE		SIGNATURE J. CM	- / · / ·	eur	M.D. 121	MED	ICAL EXAMINER		NED 3	8 2
WED!		EXAMINER'S NAME PAL	1-EG	FUER 1	1/	311 W	5 3 1 2 1	LM	euw R	2030
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUN TO FUNERAL D. AFTER DEATH.	220.0	(TYPE OR PRINT) 1 VURIAL, CREMATION, REMOVAL 2	P. DAYE	In houses	ADDRESSADDRESS	COCK	CATION	L-2	MUZ	1070
	230.B	Burial	3/14/83		n Park Cem	CITY	Balto.	-	OUNTY	STATE
BP	24. F	UNE SCHEMENER F				a. DATE REC'D BY		Md.	S SIGNATURE	_
DHMH - 17 (VR A15 ME (5))	-	9705 Belair	ROAD	Ralto M		MAR 15	1983	John	& Calvil	13
15A 2/80		J.05 DETAIL	noud,	Durto., I	14. 21230		C.			



DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO

MONTH

21087

IF UNDER 1 YEAR IF LINDER 24 HRS

DAYS

BALTIMORE CITY OR COUNTY OF DEATH

12h KIND OF BUSINESS OR INDUSTRY

LAST

Ensor

Same

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO [YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

STAFF PHYSICIAN DIRECTOR PHYSICIAN

3/31/83 Black Rock

Butler Balto. Maryland 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Leonard J Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND

CERTIFICATE OF DEATH

29

STATE

DHMH-16 25M (VRA 15, 4) 1/79 (SPBurial

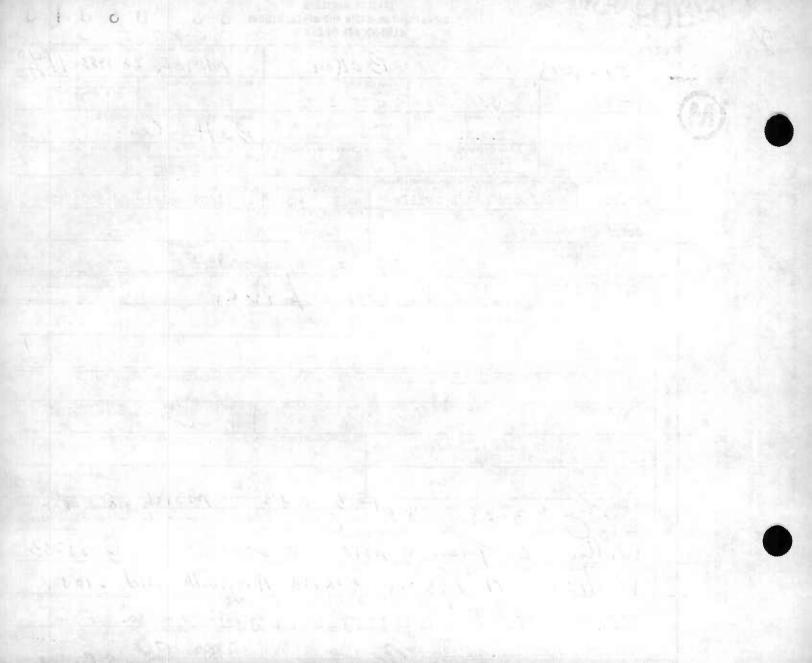
24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

BP



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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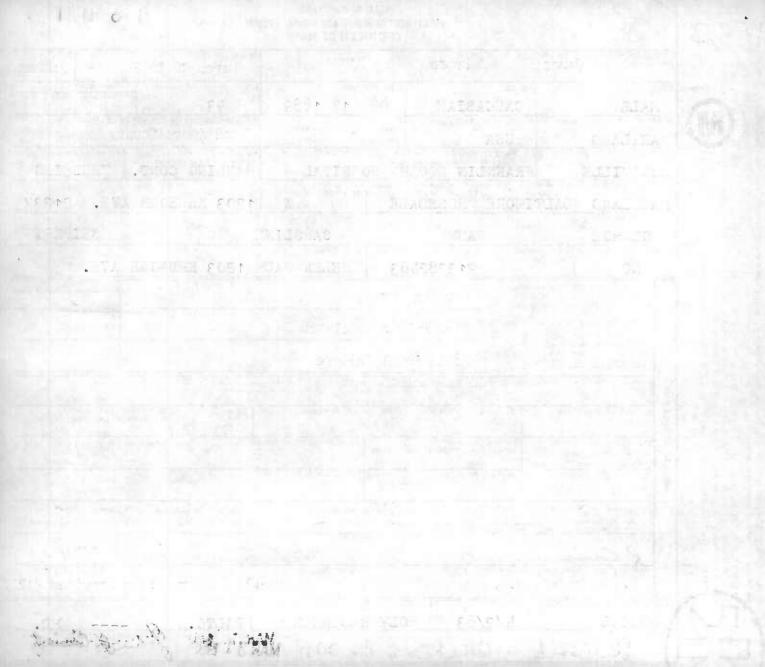
12	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLA EALTH AND I	MENTAL HYG		EG. NO.) 6	0 1	2
		CEASED NAME FIRST	,	MIDDLE	l.	AST		20. DATE OF DE		DAY YE	AR 2b. HOU	JR D
may be page 3	(IYPE	ORPRINT)	MALLAM	Н.	r r	BANKES			03	14 '	83 1:	50 M
	3. SE		4. RACE			FBIRTH	YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1	YEAR IF UNDER	24 HR5
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11 15	USU. 130 S P€	AL RESIDENCE (# NURSING HOME OF STATE MODE OF COURTS)	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE C	ITY LIMITS?	130. STREET ADD	RESS ater St	reet	9999	9
mpletely ond 2 sh		ATHER'S NAME William	WIDDLE	Bankes			MAIDEN NAM	ME	DDLE	Toron .	rinley	
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rtificate be physicion on popers. E emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	line far (o), (b), a		NFARC	TION			BETV	PROXIMATE INTE	RVAL DEATH
v = 00000		4100 IMMEDIA	(TE CAUSE (6)			111171110	11011					
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S ts Belois		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN PAI	RT 1(a)	
RUS, 18 equire n sign Then p r to bu injury,	NO	PNEUMON										
0 - 0 >	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH		N WAS PERFO	RMED	200 AUTOPS			INDINGS USE USES OF DEAT	TH?
HYSICIAN: The kinding physicion. is certificate hos buriol-tronsit per Mentol Hygiene or fem 18 shows		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CIFETHER, NOTIFY MEDICAL EXAMINI	HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PAR	IT 2)	
DING PHYSICIAN: The law or ottending physicion. After this certificate has be e as the buriol-transit permittend Mental Hygiene promorked or fem 18 shows on	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			211. LOCATIO STREET	ON	CI	TY OR TOWN	COUNT	iv .	STATE
□ o v e o E		22a.1 certify that (1) (this hosp	oital) attended th		3/13	2	. 19 83		14	. 19 8	5, that (I) ((we) lost
TTEN Spritol For sof H		sow the deceosed alive a above, (1) (we) (did) (did n	n 5/	14 19_	83.,0	nd that in (my)	(our) opinion (death occurred or	the dote and l	nour and from	n the couses st	oted
SPITAL OR ATTEN d by the hospital NERAL DIRECTOR. be detached for use State Dept. of He TANT: if hem 21 is		22b. SIGNATURE	nder	8	/	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN 🛛	226. 0	S - 14	- 83
NER.		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			220. ADDRES	S					
TO HOSPITAL retoined by the TO FUNERAL should be deficient with the Store IMPORTANT: I		MARY M. M	MANDERS	, M.D.		GBMC	- 670	01 N. C		ST.		
99909	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 3/17/3			own Cer	CREMATORY	23d LOCATIO		COUNTY	P	STAU A
BP/	24 F	UNERAL DIRECTOR	3/11/					E REC'D. BY REGI		ISTRAR'S SIC	NATURE .	
DHMH - 16 50M 4/B2 (VRA 15, 4)		ıbbard Funeral	Home In	ADDRESS 4107	212 Wilks		1 14		83	Sund	7. Canie	el
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5	1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 0 0 1 0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
2 757	(117)	STEVE	BAK	AN	3	18/83 8 AM
1	3. SE		- Man	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
- F MANA	_		Caucasian 9	2 1912	10	YRS.
# EE 20		RTHPLACE (STATE OR FOREIGN 76.		ED NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
1 11 1	10. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME	DIVORCED	12a. USUAL OCCUPATION	MD.
by th	1	POSSVILLE	MANUR CARE RO	SSUILLE	PLUMBER	ORKING LIFE) INDUSTRY
14 hourst be with the best of	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		13, STREET COORES	Traca 1 P. 213/3/
hin 2	14. F/	THER'S NAME	WALITIORE	YES NO I	ABOSI FAI	ERSUN IN AUE.
MARYL ompletel		LOUIS	BARAN	ROSALI	E KAZA	MERSKI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of other ording physician. When this certificate has been signed by the ottending physician and completely filled in by os the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. On the stowns only injury, or other troumatic event, the medical examiner must be an extended or them.		(AS DECEASED EVER IN U.S. ARME ES. NO ORDINANOWN) (IF YES, GIVE W		SIEVEN B	ARDA 141	7 Spoint AVE.
ALTI, sicion pers. ol.		18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).	MILVEN DI	FININ 10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tr., B		PART I. DEATH WAS CAUSED E	Canena	Lunez		2 475.
ON S th cer ding corbs		1627	DUE TO, OR AS A CONSEQUENCE OF	0		
dead dead		Conditions, if any, which	(b)			
W. Protection of the by the sse rem.		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
201 es th ned b pleo uriol,		PART 2. OTHER SIGNIFICANT CO	(c)NDITIONS CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIE	ON GIVEN IN PART 1/a
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low re low re remit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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ON OF VITAL YYSICIAN: The ding physicia is certificate buriol-transit Mental Hygie or frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)
PHYSICIA PHYSICIA this certif the buriol-to and Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	21f. LOCATION		
DIVISION DING PHY or offendi After this e os the bu olth and A morked or	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
0 0 e E		220.1 certify that H this haspital		2/9/, 1983	_, to3 { 8	1983, thotatt (we) lost
pite for 170		saw the deceased alive on above, 4h (we) (did) (did not) v	riew the body ofter death.		leoth occurred on the date o	and hour and from the causes stated
AL OR AT the hosp AL DIRECT defoched fi ore Dept. o at NT. If Item 2		226. SIGNATURE	∽	DEGREE ATTENDING	MEDICAL STAFF	220. DATE SIGNED
HOSPITAL ned by the FUNERAL uld be detail of the Stote ORTANT:		224. PHYSICIAN'S NAME (TYPE OR PE	PINI	PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	0 3/8/83
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined with the Store (IMPORTANT: #		KHIN-N			Case Ros	sville md2123;
BP	230	RIAL, CREMATION REMOVAL	23h DATE 1/983 123 CHAME OF	CEMETERY OR CREMATORY	23d. USCATION :	A COUNTY MD STATE
	24 F	(CA) 1/+C	10100000	ANISLAMO 25a. DATE	REC'D. BY REGISTRAR (5)	REGISTRAR'S SIGNATURE . A
DHMH - 16 50M 4/82 (VRA 15, 4)	K	CZOROWSKI	2525 FLEET S	MAR	11 1983	hunge tokulf

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ge 3 earth		CEASED NAME E OR PRINT)	James	Ambrose		BAUM	March 3		9:20ar
	1	X MALE		CAUCASIAN	5. DATE O	1 7 1 8 8 9	6. AGE (IN YEARS LAST BE	YRS.	YS HOURS MIN
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in 24 hou y filled in thould be	13a M	ARYLANI	136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF STY 13c. CITY OR TO ROSED	OWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1203 KRU	EGER AVE.	21237
ompletel	P	GEORGE	3	BAUM LAST		15. MOTHER'S MAIDEN NA CAROLIN	R		ETFERT
on ond c		WAS DECEASED YES, NO OR UNKNOW NO		MED FORCES? 166. SOCIAL SE 213282		HELEN BAU	M 1203 KR	UEGER AVE	ROXIMATE INTERVAL
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ding physics is certificate buriof-transi Mental Hyg		OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART	2)
DING PHYSIC or attending After this cert e as the buriol olth and Ment marked or Iten	MEDICAL	AT WORK	OT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TO		STATE
R ATTENDIS hospital ar IRECTOR: A hed for use ept. of Heolt tem 21 is ma		obove, but	ve) (did) (and go	ol) offended the deceased from March 30. 19		d that in (myst (our) opinion			
the the District O		226 SIGNATUR	rolum				MEDICAL STA	FF SIAN X	/30/83
retoined by to FUNERAL should be det with the Stote		R. Ca	'S NAME (TYPE OF rdamone,	M.D.		<u> I </u>	nklin Squar		timore yland 21
BP		BURIAL, CREMAT BURIAL		23b. DATE 23 4/2/83		EMETERY OR CREMATORY REDEEMER	BALTO.	COUNTY	STATE MD
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERANDIET	Coal	- 1211 Ches	5000 1		R 3 1 1983	755 REGISTRAR'S SIGN	Cahrief



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	' '	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	o.			
		CEASED NAME OR PRINT)	ARBAN		NOOLE	BE	CKETT	20. DATE OF DEATH	MONTH DAY	YEAR 83	26 HOUR	Au
	3. SE)	FEMALE		4 RACE Whit	:e	5. DATE O		6. AGE (IN YEARS LAST BIRT)	HOAY) IF U	JNOER 1 YEAR	IF UNDER 2	24 HRS MIN
5	CC	RTHPLACE ISTATE OR FO		76 CITIZEN OF V		MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O Baltin	RCOUNTY OF			MD.
0	_	TY OR TOWN OF DEA COWSON	ATH	(IF NOT IN SUCI	H FACILITY, GIV	E STREET ADDRESS)	ng Center	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKET	ON FWORKING LIFE!	12b. KIND C INDUSTRY	F BUSINES	SSOR
5	USU A 13a. S	AL RESIDENCE (IF NURS STATE Md.	13b. COUN		13c. CITY O		13d. INSIDE CITY LIMITS? YES NO D	13e STREET ADDRESS 127 Dub	lin Dri	.ve	2109	93
0	14 FA	Francis	,	MIDDLE	Hill	ST .	Mary	ME MIDOLE	Rei	.ndel	ST.	
		VAS DECEASED EVER VES. NO OR UNKNOWN) Yes		MED FORCES? WAR OR DATES)		30-9737	Joanne Yor	k Luther	ville,	Malin	1853	ve
	NC	Conditions, if any, gave rise to imm cause to statin underlying cause	which mediate ag the lost.	DUE TO, OF	R AS A CON	ISEQUENCE OF	NOT RELATED TO THE TERM	linal disease or conf	DITION GIVEN	IN PART 10		
2	CERTIFICATION	190. DATE OF OPERAT	TION	196 CONDI	TION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	OF DEATH	H?
1	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA ALEXAMINER) RED	P.A.	A. MONT	TH DAY YEAR 19 OFFICE, FARM, ETC.)	211. HOW INJURY OCCURS 211. LOCATION STREET		Y IN ITEM 18, PART	OR PART 2]	STA	ATE
		220.1 certify that (I) sow the decease obove, (I) (we) (c 22b. SIGNATURE Frede 22d. PHYSICIAN'S NA	ed alive and did (did not alive)	yiew the body	ofter death	19 83 .00	22e ADDRESS	MEDICAL STAF	F IAN []	22c. DATE	SIGNED	ted
	23a B	BURIAL, CREMATION, SPECIFY) Remova	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	STAT	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Anatomy Board

24 FUNERAL DIRECTOR

Balto., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 1 8 1983

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Bruzdzinski Funeral Home PA 1407 Old Easte

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DHMH-16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

6:04

STATE

Serial Standard USA.

Carland, Marchand USA.

Carland, Marchand USA.

Carland, Marchand USA.

Carland Committee Comm

Enrich 3/5/3 Mora valles - asteni, id.

1		FOR STATE		DEPARTMENT OF HEALT DICAL EXAMINER'S		AQL O	6017				
The state of the s	I. DE	REGISTRAR CEASED NAME FIRST E OR PRINT) ZEME	RY	E. B.	E E A M	REG. NO.	ONTH DAY YEAR 21 HOUR 3-13 1985 A M				
OF STREE		Male Cau	5. DATE OF BIRTH	YEAR LAST HDAY) MON	NDER 1 YR. IF UNDER 24 HRS	PRONOUNCED DEAD	3 - 13 19 83 P. M				
NECESS, FUNERAL 5 FOR Y 5 FOR Y W. PREST	C	rthplace (State or nattanooga, Ten		MARI WIDO		Baltimore (County				
SESE2	E	TY OR TOWN OF DEATH	1160717	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (F TOOT RECKETS BEFORE ADMISSION) 120. USUAL OCCUPATION (TYPE OF WORK CONSTITUTION OF BUSINES) CONSTITUTION GIVE RESIDENCE BEFORE ADMISSION)							
IF ANY DELA S. AND 3 TO 3. RETAIN PA SHOULD BE SHOULD BE SECORDS, 3	113a S	TATE 13b. COUNTY Ba.	or other institution, GIV TY Ltimore	PESSEX 21221	TESTS NO LI	109 Old Easter	n Ave. 21221				
MD. ATH.		THER'S NAME Charles M. B		LAST		elma Nelson	LAST				
BALTIMORE, URS AFTER DE B. GIVE PAGE! WITH FORM PAGES 1 AM DIVISION OF		VAS DECEASED EVER IN U.S. ARI	MED FORCES? MAR OR DATES)	166. SOCIAL SECURITY NO. 217 20 6922	Jean Chryst	Rt. 2 Box 37	4 A Balto 21237				
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE) MMEDIA: Conditions, if any, which gave rise to immediate cause (a) stating the under-	D BY: TE CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE OF	lyocardi	I Infried	APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH				
AL RECORDS, 3 DULD BE EXECT "PENDING". INTERPRETATION, THE REALTH AND CREMATION,	CERTIFICATION	lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS 2 A CONTINUE CONDITIONS 190. DATE OF OPERATION	hor	BUT NOT RELATED TO THE TERMINAL DISEA OF THE TERMINAL DISEA TION FOR WHICH OPERATION V	Kron		20. AUTOPSY?				
CERTIFICATE SHE TING THE WORD DED TO THE CH E 3 SHOULD BE U DEPARTEMENT OF	MEDICAL CERTI	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 1 21d INJURY OCCURRED WHILE NOT WHILE	P.M.	MONTH DAY YEAR	HOW INJURY OCCURRED (ENTI DCATION STREET	ER NATURE OF INJURY IN ITEM 18 PART	YES NO 1 OR PART 2] COUNTY STATE				
XAMINER: THIS ERTIFICATE, WI ILD BE FORWA MINETHE STAT ARYLAND, 21201		220. I certify that I took charg	e of the remains description of courses	cribed obove, held an Auto	Homicide Und	determined manner ,	my opinion DATE 3/13/83				
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNETHE AFTER DEATH, BALTIMORE, MA	23a.B	(TYPE OR PRINT) KS	# H L (123c. NAME OF CEMETERY	ADDRESS 2112 JA	LOCATION STY OR TOWN) Bull, 2/22:				
BP	24. F	uneraginector	3/15/83	Belair Mem	orial Gardens	Belair, Mar	yland AR'S SIGNATURE				
(VR A15 ME (5)) 15M 7/77	Bri	ızdzinski Funer	al Home Pl	A 1407 Old East	ern Ave MAR 1	198? John	of Court				

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us offer A WC wet 5 . A	s savid nest	827 30 6729	IL	

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REGISTRAR

Jordan ADDRESSRockville, Md. 20851 Mrs. Betty Anne Turner 509 Fletcher Place APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred an the date and hour and from the couses stated 221 DATE SIGNED DIRECTOR PHYSICIAN (SPEC Cremation Baltimore 3-7-1983 Loudon Park Maryland BP 24 FUNERAL DIRECTOR ADDRES 1050 York Road 25a. DATE REC'D. BY REGISTRAPING. REGISTRAR'S DHMH - 16 50M 4/B2 Ruck Towson Funeral Home, Inc. Towson, Marylan Ak (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

176 KIND OF BUSINESS OR

IF UNDER TYEAR

INDUSTRY

8:00 A.M

IF UNDER 24 HRS

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Dundalk, MD. 21222

7922 Wise Avenue

(VRA 15, 4)

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CD A DTAKEN	OF	110		PHI.	AND	88.71

LAST

BELL

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 2g. DATE OF DEATH 03

6. AGE (IN YEARS LAST BIRTHDAY)

86

REG. NO

20 83 IF UNDER 1 YEAR

21204

3. SEX 4 RACE 5 DATE OF BIRTH FEMALE White

31

XXX MARRIED NEVER MARRIED X

9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY MD

Virginia 10 CITY OR TOWN OF DEATH

7a. BIRTHPLACE (STATE OR FOREIGN

REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION GREATER BALTO MEDICAL CENTER

TYPE OF WORK FOR MOST OF WORKING LIFE!

Professor - Physical Education

BALTIMORE USUAL RESIDENCE IF NI 18 SON

GIVE RESIDENCE BEFORE ADMISSIONS Baltimore Towson

76 CITIZEN OF WHAT COUNTRY

U.S.A.

'Impastie

Т.

13d. INSIDE CITY LIMITS? 204 E. Joppa Rd. Apt. 1109 NO IX 15 MOTHER'S MAIDEN NAME

96

DIVORCED |

Larmour

Maryland 4 FATHER'S NAME Harrison

M. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Bell 16b. SOCIAL SECURITY NO.

Elizabeth 17. INFORMANT

No

(IF YES, GIVE WAR OR DATES)

FIRST

DORIS

214-32-2248

Curtis A, Gilgash, PMD. 211Burke Ave. 21204

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF

ACUTE MYOCARDIAL INFARCT WITH C, H, F,

AND CARDIOGENIC SHOCK WITH A.S.C.V.D.

Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

AND INSULIN DEPENDENT DIABETES MELLITUS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

19a DATE OF OPERATION

CERTIFICATION

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20n AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

MARCH 20 19 22 , that (1) (we) last

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

19 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

211 LOCATION

CITY OF TOWN

STATE

220.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an MARCH 20 obove, (I) (we) (did) (did nat) view the body ofter death 72h, SHGN MFURE

10 83

DEGREE

常泰★★×★x CHARLES ST

22e ADDRESS 6 701 N.

MEDICAL DIRECTOR PHYSICIANXXX

and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated

3/21/83 21204

22c DATE SIGNED

ROSALYN B. MILES, M.D.

Cremation

23a. BURIAL, CREMATION, REMOVAL

3-23-83

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Crematory

MARCH 18

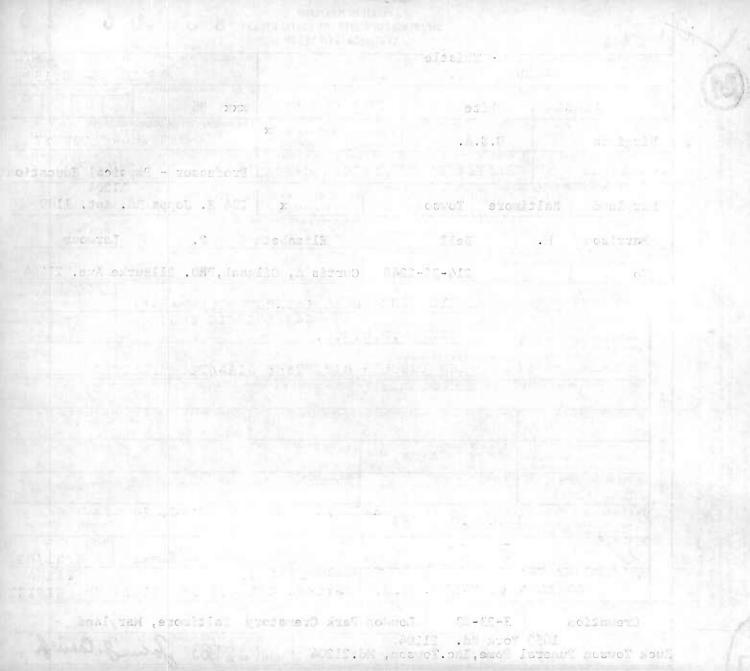
Baltimore, Maryland

BALTO MD XXXXX

(VRA 15, 4)

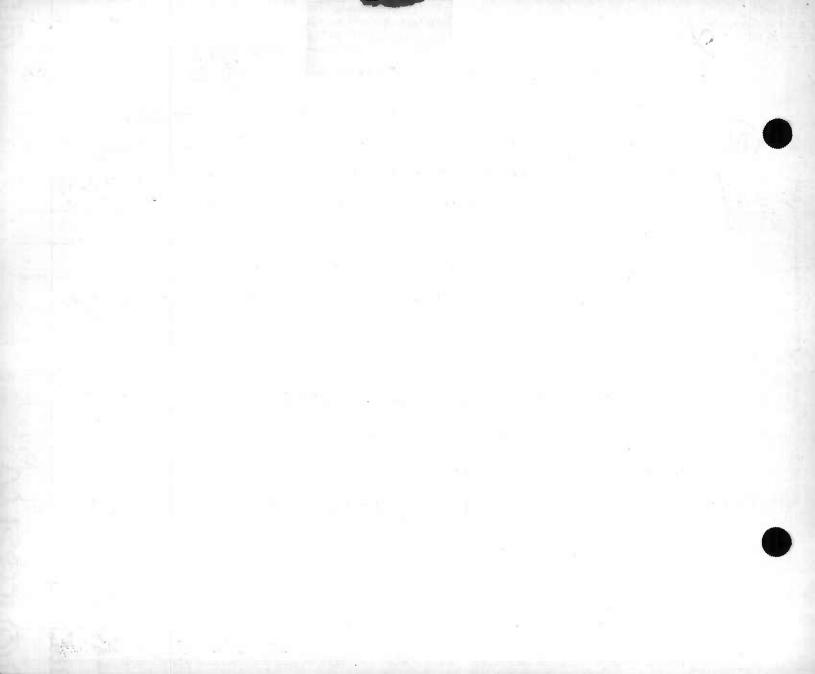
MPORTANT:

1050 York Rd. 21204 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 Ruck Towson Funeral Home, Inc. Towson, Md. 21204



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			REGISTRAR EASED NAME FIRST PRINTI		MIDDLE		AST AST	REG. N 26. DATE OF DEATH	O. MONTH DAY	YEAR	2b. HOUR
oy be		(ITE	INE	7	R.	Be	11	MARCH	7	83	10.25 AM
ofter of	3	. SEX	Female	RACE B/A	ck	S. DATE C		6 AGE (IN YEARS LAST BIR	MONTHS	ER I YEAR	IF UNDER 24 HRS HOURS MIN
			THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9. BALTIMORE CITY		EATH	
A MADE	53		Md	45	A	WIDOWE	DWORCED [nors, (
	J'	1	Y OR TOWN OF DEATH		CH FACILITY, GIVE STREET	ADDRESS	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE! IN	KIND OI DUSTRY	BUSINESS OR
4 11 1	4		RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	LSON VA		Center	Domesti	c	717	10:
filled hould b	5	₩3a. S	Md Nak con	1TY	13c CITY OR TOW	N	YES NO	130 STREET ADDRESS	5 St A	113	
mpletely and 2 sl	20	4. FA	THER'S NAME FIRST George	MIDDLE	Edwards		15. MOTHER'S MAIDEN NAM	WE	Gr	a y	
ond con Pages 1	5		AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES!	216-14-82		CARRISON L			orde	ene rd.
equires that the death certify in signed by the attending plants from blease remove carbons to burial, creminjury, or ather traumatic eve			Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	PR AS A CONSEQUE		Canc Gas	suc co	raiona	19	Car
equires the signed Then plect to burial injury, or		NO.	PART 2 OTHER SIGNIFICANT OF VA COLD	5- 11	ontributing to a	GON	NOT RELATED TO THE TERM	Mul gisease or con	DITION GIVEN IN	PART 1(a	- 11
on. has bee t permit. ene pria	7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	E FINDIN CAUSES	GS USED OF DEATH? NO
CIAN: The physicion pertificate historial property and Hygier midd Hygier em 18 sho	18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A		Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OF	R PART 2]	
ottending ter this cost the burner of the bu		쁘네	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	WN CO	UNTY	STATE
TTENDIN pital or TOR. Af for use of Mealt			22a. I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no			7	nd that in (my) (our) opinion of	, to	ote and hour and		hat (1) (we) last auses stated
the has AL DIREC letached are Dept T: If Item	1		226. SIGNATURE	Lon	1	MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	3 - 8	SIGNED -82
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	1		22d PHYSICIAN'S NAME (TYPE O SHAUKAT	PRINT)	74		1528 Km	1 00	n Drive	iB	et , 40
	3	73a B	URIAL, CREMATION, REMOVAL Burial	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Υ	STATE
BP	-	24. FU	NERAL DIRECTOR	3/10,		Itim	ore Cem.	Balti EREC'D BY REGISTRAR 101983	More	SIGNATI	MD JRP
DHMH-16 20M (VRA 15, 4) 7/78			m. C. March	F/H 1	101 E. I	North	n Ave. MAR	1 0 1983	John J	. (al	ulf

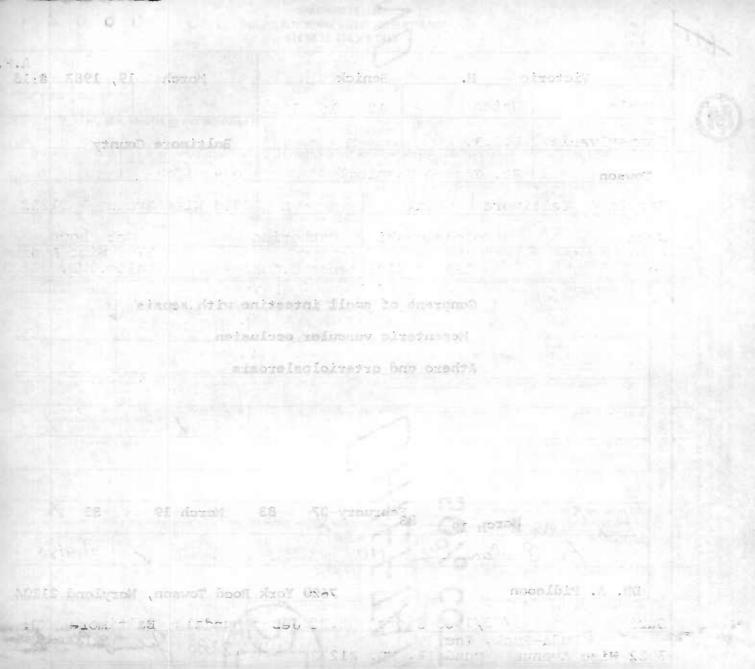


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0		1.	STATE REGISTRAR			ICATE OF DEATH	REG. NO.		
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OE .	r, po	3. SE.	M)	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAT	
age 4	8 0		TALE	White	Jun	e 3, 1904	78	YRS.	
eoth. Pe	35	7a. BI	OUNTRY) NAVY AND	76. CITIZEN OF WHA	MARRIE	NEVER MARRIED DIVORCED	BALTIMORE CITY OR C		1
-	Now Y	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME C	ROTHER INSTITUTION	128 USUAL OCCUPATION	12b. KIND GRKING LIFE) INDUSTR	OF BUSINESS OR
201 Irs of	(風壓)	K	AndAllstown	Page 1	8. 6. Ge	1. Hosp.	Well Prill	er a	lAter Sup
AND 21	1125	USU. 13a. S		PATO 13c.	SITY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Bu	ther R	2/P7/
MARYL,	omd 2 st	14 FA	THER'S NAME FIRST COUSE	MIDDLAM -	Basi L+	15. MOTHER'S MAIDEN N.	Vingini.	A Be	2+
IIMORE, be execu	S. Poges 1		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES	SOCIAL SECURITY NO. 20-12-6165	Emma Be		ather Rendon, Ma	d. 21071
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PLYSICIAN. The low requires that the death certificate be executed within 24 hours	by the ottending physici sse remove corbon poper strenotion, or removol. other troumotic event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS	FOR (D), OND (C), OND	s of oeso	PHAGUS.	APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
ORDS, 201	n signed Then plec r to buriol injury, or	rion		noNIA;	CONGRES TIV	E HEART	PAILURE	Teles III.	
AL RECO	hos bee it permit. iene prio	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, WERE FINE N CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
SION OF VIT	is certifications burial-trans I Mental Hygor tem 18 si		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	Ain	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2	i)
IVISION	ther this so the bund M. hond M. srked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF IN (AT HOME, STREET, F.	NJURY ACTORY, OFFICE, FARM, ETC]	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE .
ATTENDIR	CTOR: At for use of Health	9	22a. I certify that (I) (this hosp sow the deceased alive a above, (I (we) (did) (et a			d that in pry) (aur) apiniar	death occurred on the date of	and hour and from t	he causes stated
TAL OR	ERAL DIRECTOR CONTROL OF CONTROL		226. SIGNATURE		ma M.B.	, more part	MEDICAL STAFF DIRECTOR PHYSICIAN	_ / 2	TE SIGNED
O HOSPI	TO FUNERAL should be det with the Stote		A-1C. CHO			Romelulls	timore Com	ty gen 3/133.	Hospital.
-	P		URIAL, CREMATION, REMOVA DUVIAL	1 236. DATE MAV-4, 19			1	BAITO	Med.
	- 16 50M 4/82 /RA 15 4)	24 FI	MERAL DIRECTOR	A Ow	ADDRESS Mitt	14d 250. DA	MAR 7 1983		La Capiel A

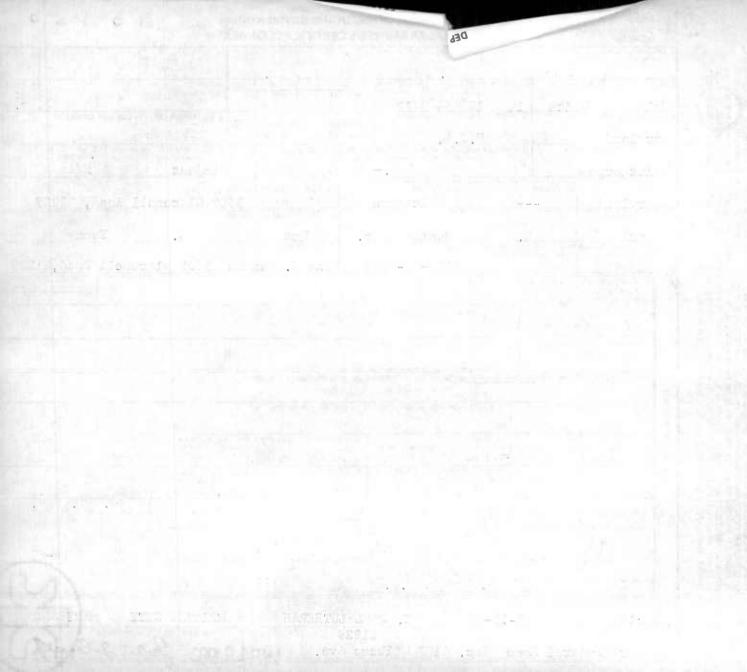
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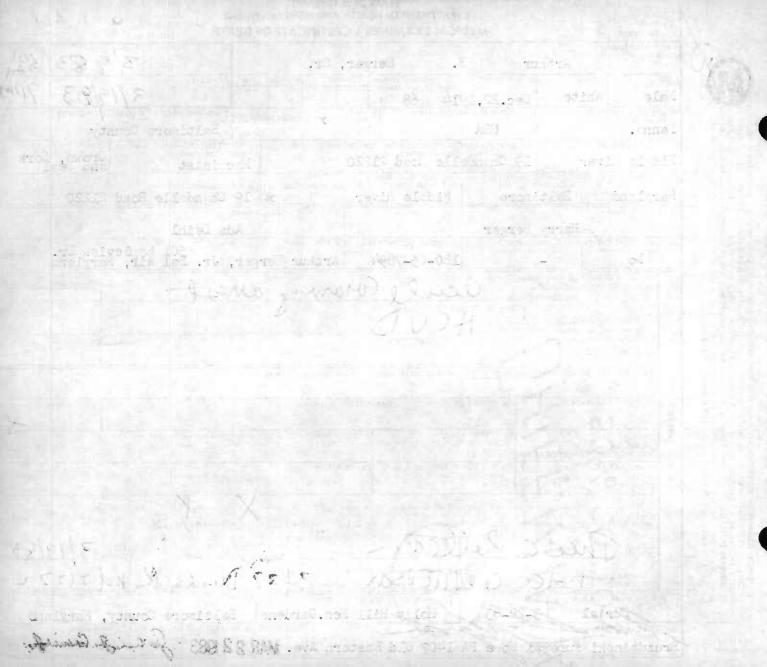


	1	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0023
ge 3		PE OR PRINT) GLOR IA	A LEE	BE NS ON	20. DATE OF DEATH MONTH DAY	183 1:45A
ector, po	3. 9	FEMALE	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) (F MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
dir.	5 70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY OF COUNTY OF	
(M)	5 10	TOWS ON	11. NAME OF HOSPITAL, NURSING GIVE STREET OF HOSPITAL, OVER STREET OF THE STREET OF TH	ADDRESS) CHARLES ST.	120 USUAL OCCUPATION (pre-of-work for most of working life)	12b. KIND OF BUSINESS OR INDUSTRYL
filled to		UAL RESIDENCE (IF NURSING HOME OR STATE 13b. COO			130. STREET ADDRESS HERWOOD	Anci 2/23
ampletely and 2 sh	30	FATHER'S NAME HUGUST D	MIDDLE LAST	15. MOTHER'S MAIDEN NA	W. BREWER	LAST
Pages 1	16a	WAS DECEASED EVER IN U.S. AR (YES, NO DRUNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRESS V RELORDS	
physiciar papers. naval. rent, the			ly ane cause per line for (a), (b), or D BY:	nd (cl.)	trus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
re carbar an, ar rer umatic ev		1830 Conditions, if any, which	DUE TO, OR AS A CONSEQU		News .	
by the att ase reman , crematia ather trau		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF SIAN CARCINOMA		9 MONTHS
signed then pled ta burial	N N	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART I(a)
has been permit. I ene priar aws any ii	CERTIFICATION	19a DATE OF OPERATION 2-21-83		OVARIAN CARCINO	th I CERTIFICA	WERE FINDINGS USED NG CAUSES OF DEATH?
certificate h priol-transit ental Hygie Item 18 sho		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
ام کی ت	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
TOR: After the or use as the or the order to be or the order to be or the order to be orde		220. I certify that (1) (this haspi		2-14, 19 83 , and that in (my) (our) opinian	to 2-28 , 19 death accurred an the date and haur a	nd from the couses stated
L DIRECTOR DESCRIPTION OF LEGISTRE		22b. SIGNATURE	t) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
TO FUNERA should be de with the Stati		22d. PHYSICIAN'S NAME (TYPE O	RPRINT)	22e. ADDRESS		
₽ 0 € \$ X	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	238 OCATION VICITY OF TOWN	Bills AD
1 - 16 50M 4/82 VRA 15, 4)	24	EUMERAL DIRECTOR FUNC	101	1 880 attende	TE REC'D. BY REGISTRAR 251 EGISTRA	AR'S SIGNATURE
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4		STATE REGISTRAR			ME	DICAL	EXAMIN	VER'S C	ERTIFIC	CATEO	F DEA	TH	REG. N	10			
1		EASED NAME	FIRST			MIDDLE			LAST			2a. DATE	KNOWN		DAY	YEAR	Zb. HOUI
		OR PRINT)										Or	F211	_			1
URS EET,			Earl	-		L.			enton.	Jr.		DEATH	MATED (3	12	19 83	1
99). SEX		4. RACE	S. DA	TE OF BIRTH	YEAR	6. AGE (IN YI	EARS IF UN	DER 1 YR.	IF UNDER		PRONOUN		HTMOM	DAY	YEAR	12:5
188	Ma	le l	White	12	2 17	65		RS.	DATS	HOURS	MIN.	DEAD		3	12	19 83	a. /
III los	F BI	RTHPLACE (ST.			ITIZEN OF WI			10			- 53	9. BALTIN	AORE CITY	OR COUN	_	_	0.7
666	222	REIGN COUNTRY)							D NE			-	1 4 2				
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111	IV. CI	IY OR TOWN C	OF DEATH	11. N	AME OF HOS	CILITY, GIVE S	RSING HOM TREET ADDRESS)	SOUT	R INSTITU	TION	FOR A	JAL OCCU MOST OF WOR	PATION (TY	PE OF WORK	12b KI	ND OF BU R INDUSTE	SINESS
	Ha	lethorn	e /	So	uthwes	tern	Blvd	Franc	is A	venue		Stude			N,		
271	USUA	L RESIDENCE (IF IN NUMBER OF	AE OR OTHER		VE RESIDENCE	BEFORE ADMISS										
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20	14 FA	THER'S NAME		MIDD	LE		LAST		IS MOTHE	R'S MAIDE	NAME	N	AIDDLE			LAST	
1	1	Ear1		L.		Ben	ton	Sr.	U	na			E.		Your	ng	
1	16a. W	AS DECEASED					CIAL SECURIT		17. INFORA				ADDRES	S			
4	[YE	5, NO, OR UNKNOV	VN) {IF YES, G	IVE WAR OR	DATES)	215	-86-72	1.1.	Una	F Bo	nton	360	2 C1a	rone 1	1 R	nad 2	1229
-		No.	DE 4711/5					44	Ulla	L. De	IILOII	300	2 01a	rener		PPROXIMATE	
		PART I DE	DEATH (Enter	SED BY:	couse per line											WEEN ONSET	
7		959		IATE CAL			ıltiple		iries						-		
0		1		(DUE TO, OR	AS A CON	ISEQUENCE	OF									
AFIEK DEALTH, WITH THE STATE DEPARTMENT OF FRALTH AND MENTAL HTGERK, BALTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.			s, if any, whi e to immedia		(b)												
8			stating the und		DUE TO, OR	AS A CON	ISEQUENCE	OF									
		lying cous	e lost.														
		DARY D GYNED SIG			(c)												
	7	PART Z UTNER SIG	NIFICANT CONDITIO	INZ CONTRIB	UTING TO DEATH	BUI NOT RELA	TED TO THE TER	MINAL DISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 (a)						
_1	ō																
A	CAI	190. DATE OF	OPERATION		196. CONDI	TION FOR	WHICH OPE	RATION W.	AS PERFOR	MED?					20 A	AUTOPSY?	
	E															YES X	NO 🗌
2	CERTIFICATION	21a. EXTERNAL	CAUSE WAS		216. TIME OF	INJURY		21c. HC	W INJURY	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEM 1	B PART I OR P		Por	
21	M	UNDERLYING	OR		HOUR A.M	MONTH	DAY YEA		:	1	- d :	£	- + - £	+:			
	CO	CONTRIBUTING		DEATH	21e PLACE		12 198		ATION	Jumpe	ea ir	Tro	nt of	frai	n		
	MEDICAL			רשו		TORY, FARM, E		S	REET			CITY OR TO	WN	C	YINUC		STATE
		AT WORK	AT WORK	X	railr	oad 1	racks	Sou	thwes	stern	BIVO	d. so	uth o	f Fra	ncis	Ave	.,,
		22-1	y that I took chi			والموادية	un halde.	Autops	1.434	Inspection				3al to	. CC) , M	
			da	10	T.V	1	-					Inquiry		nd in my o	pinion		
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		Acres 1	No.	1/	YH	00	1 mi	(.)	,	PECIFY)							
		SIGNATURE_	selle	CEA	NI	lege	100	M-M.	D. Assi	istan [.]	MED.	ICAL EXAM	MINER	DATE	ED	3-13-	83
1	1	The state				1									1	11	
7		EXAMINER'S N (TYPE OR PRIN	IAME [Denni	s F. S	myth.	M.D.		ADDRESS		l Per	nn St	reet				
-	73c PI	JRIAL, CREMAT	-1				NAME OF CE					CATION					
	(5	PECIFY)	IOI4, KEMOVA			238. 1					CITY	OR TOWN	RE CI	יוע כסו	MA1	RYLAN	ATE D
		Burial	TOP.	03.	-15-83		ST. P	AUL L									10
		NAME			ADDRESS			21229				REGISTRA	AR 256 REC	NISTRAR'S			1
)	Hu	ibbard !	Funeral	Hom	e, Inc	. 410	7 Wilk	cens A	ve.	TIA	014	1083	1/2	and	y u	shel	X
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGI
CENTIFICATE OF BEATH

6 ENE B

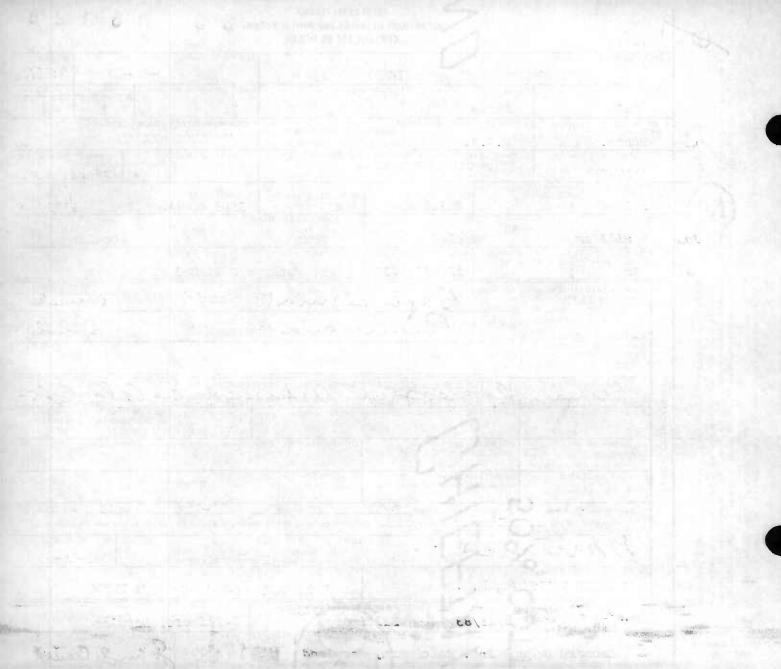
FOR STATE REGISTRAR		D		EALTH AND MENTAL HYG	REG. NO.	6 U	6. 0
1. DECEASED NAME	FIRST	WIDDIE	(AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	CLARENCE	F	BICKEL		3-16	-83	2:15AM
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male	Whi	te	Sep	t 30, 1906	76 YRS.	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE O	FOREIGN 76. CITIZEN	OF WHAT CO	UNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
Penna.	U.S	.A.	WIDOWE		BALTIMORE COUN	TY	MI
10. CITY OR TOWN OF DI	(IF NOT IN	SUCH FACILITY, G	NURSING.HOME CONVESTREET ADDRESS) H HOSPITA	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	FE) INDUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NU 130. STATE Maryland		13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130. STREET ADDRESS 3505 Rosekemp		21214
14. FATHER'S NAME FIRST Willian	MIDDLE	Bicke.	LAST	15. MOTHER'S MAIDEN NAME FIRST Dora	WE	Woodli	
166 WAS DECEASED EVE			AL SECURITY NO.	17. INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE:		-10-9836	Mrs Kathr	yn E Bickel	Same	
7 4860 Conditions, if an gove rise to it cause (a), statunderlying cou	y, which (b)	, OR AS A 6	NSEQUENCE OF	um'a (F	Pneumonia)	2	unlig
Z 5011	DEPRESSION.	2 ORTE	TOSCLERO	a Claser	INAL DISEASE OR CONDITION GIVEN BY AN DISEASE 200 AUTOPSY? 206. IF YE IN CERTIFY YES NOW YES	WERE FINDING CAUSES	VGS USED
OR CONTRIBUTING	CAUSE OF DEATH HOUR	E OF INJURY A.M. MON P.M.	19		RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)	
21d. INJURY OCCU	WHILE T	CE OF INJURY	Y, OFFICE, FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220.1 certify that	l) (this hospital) attended 3-1 (did) (did 3 view the be	the deceased body after deat	d from 2-20 83, ar	, 19 <u>83</u> nd that in (X y) (aur) apinion (to 3–16 death occurred on the date and hou		that (K (we) las couses stated
226. SPENATURE	min	٠٧٠		DEGREE ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	16-83
7	D PATRICIO,	M.D.		22e. ADDRESS 7620 YORK	K ROAD TOWSON MD	21204	
230. BURIAL, CREMATION (SPECELY) BURIAL		8/83		EMETERY OR CREMATORY imore	23d LOCATION CITY OF JOWN Baltimore, Ma	ryland	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

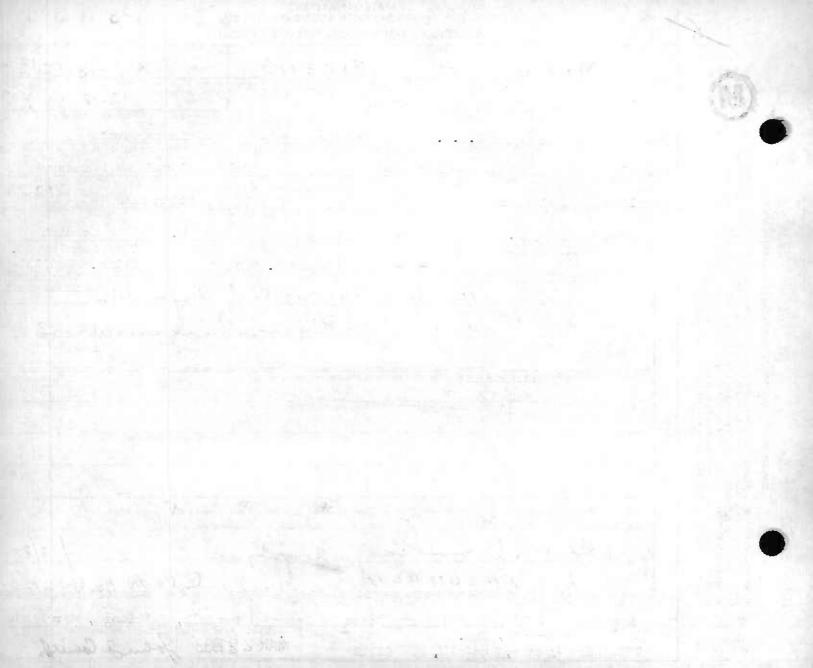
250. DATE REC'D. BY REGISTRAR 250 DEGISTRAR'S SIGNATURE 2. Coming



10	1-	FOR STATE				STAT SENT OF H XAMINI	EALTH		ENTAL H		6.0	1	0 6	0	2	9
ш г, , с с ш		REGISTRAR ECEASED NAME PE OR PRINT)	John	Bisaha	MIDDLE	AAMINI		LAST	CATEO		20. DATE OF	REG. NO KNOWN	MONTH	24	YEAR 83	26. HOUR 8:15
REASE LIB ECTOR. YOUR FILES. IN 72 HOURS	3 SE	Male	RACE White	5. DATE OF BIRTH MONTH DAY Jan. 7 1	L908	6. AGE (IN YEAR LAST BIRTHDAY	MONTH	DER 1 YR.	IF UNDER	MIN.	2c. DATE PRONOUN DEAD	ICED	3	24	YEAR 19 83	24 HOUR
新克兰第26	E.	PICESbu	rg, Pa.	76. CITIZEN OF WH			WIDOW	ED 🗆	VER MARRIE DIVORCE	D O	Ba	ORE CITY O	re Co	unty	270	MD.
DELAY IS 3 TO THE IN N PAGE 5 9 BE FILED. V DS, 301 W.		Essex 2	1221	11. NAME OF HOSE	lawar	e 446.		ER INSTITU	TION	12a. USU	AL OCCUP	TSTE)	E OF WORK	Mar Mar	D OF BUS HIDUSTR	NESS
F ANY AND RETAIN RECOR	13M	aryland	136 Bank	inore	12 CITY O			13d. INSIDE C			518°B	s elawar	re Av	e.	21	221
DEATH. IT	9	ATHER'S NAME FIRST John				AST		F	er's Maidei	KO	ondas"	IDDLE		ı	AST	
BALTIMORE, MD. JURS AFTER DEATH. 18. GIVE PAGES 1. WITH FORM PM. IT. PAGES 1 AND 2. DIVISION OF CITA	16a. \	WAS DECEASED E	(IF YES, GIVE W			05 811		Mati	nant 1da B	isaha	a, Wi	ADDRESS fe		.me		
UTED WITHIN 24 HO N PENCIL IN ITEM RALTRANSIT PERM RALTRANSIT PERM MENTAL HYGIENE OR REMOVAL.		PARTIDEAT 49 Canditions, gave rise	if ony, which to immediate ating the under-		ADNIC AS A CONS	EQUENCE O	F	e nu	ipuati	ory	dise	ase			PRÓXIMATE I EEN ONSET	
ITAL RECORDS, 3 SHOULD BE EXEC DRD "PENDING"." CHIEF MEDICAL TO FLATTH AND TALL TO FLEATH AND TALL CREMATION,	CERTIFICATION	PART 2 DTHER SIGNI		ONTRIBUTING TO DEATH B		TO THE TERMIN				T 1 (a).				- 1	UTOPSY?	NO X
CERTIFICATE SHO TING THE WORD DEED TO THE CHIL E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURLAL,	MEDICAL CERT	21d. INJURY OCH WHILE	OR CAUSE OF D	21e PLACE C	MONTH	19 (AT HOME,	21f. LOC		OCCURRED	D (ENTER N	CITY OR TO	URY IN ITEM 18				STATE
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARDI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201 FR	1		that I taak charge from: Nature J.C.Lot	af the remains described as a second of the rema	Acqident Acqident	, Suid		y , Homic	Inspection ide :	Undete	Inquiry remined mo	onner .	DATE SIGN	3 ED	1/26/	183
BATTE BALL	B	SURIAL, CREMATIC	ON,REMOVAL 23	3/28/83	23c. N/ St	• Ștan	ETERY OF	CREMATO	ory metery	CITY C	CATION R TOWN	nore,	cou Md.	INTY	STA	TE
DHMH - 17 (VR A15 ME (5)) 15M 7/77		uzdzinsk		al Home P	A 240	7 01d	Easte					R 251 REGI	STRAR'S	SIGNATI	JRE •	1

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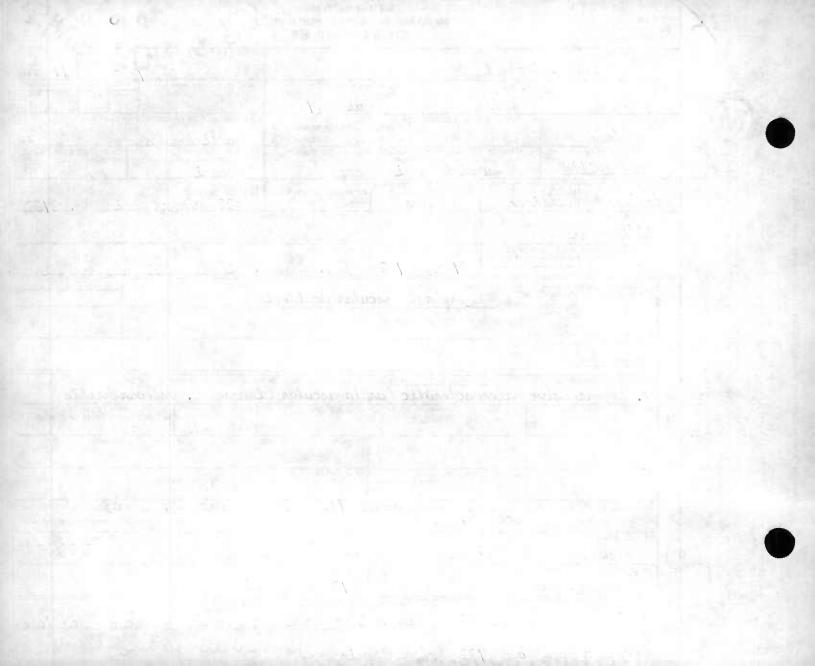
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6	11-	FOR STATE			DEPARTMENT OF			-	3	10	له ل	U
15		REGISTRAR		MEI	DICAL EXAMI	VER'S	ERTIFICATE	OF DEATI	REG. N	0.		
		CEASED NAME	FIRST		MIDDLE		LAST	2a.	OF ESTI-	MONTH D.	AY YEAR	26. HOUR
S II		M	ARIE	E	A.	Bi	VEN.	5 1	DEATH MATED	3-1	81983	12-3
A	3 SEX	4. RA		DATE OF BIRTH	YEAR LAST BIRTH			DER 24 HRS. 2c.	DATE	MONTH D	AY YEAR	24 HOUR
Ē	F	emale W	hite	3 14		YRS.	AS DAYS HOURS	MIN. PRO	DNOUNCED DEAD	3-11	\$ 1983	P. M
500	70. B	IRTHPLACE (STATE OR PREIGN COUNTRY)	71	b. CITIZEN OF WH	IAT COUNTRY?	8. MARRI	ED NEVER MA	PRIED 9.E	BALTIMORE CITY	OR COUNTY C	F DEATH	1000
300		arvland		U.S	.A.	WIDOW			altimore	County		AAD
3 -		TY OR TOWN OF DE	ATH 1	1. NAME OF HOS	PITAL, NURSING HOM	AE, OR OTH		120. USUAL	OCCUPATION (TYP		KIND OF BUS	
ITAL RECORDS, 201 W	Di	ındalk			entley Road			Self	of working (IFE) Employed	G	or industr	
OKD OF	USU		IRSING HOME OR C		E RESIDENCE BEFORE ADMIS		hat were every				24.	
15h		arvland	Balti	more	Dundalk		13d. INSIDE CITY LIMITS		Kentley 1	50ad	21-	2 2 2
20		ATHER'S NAME					15. MOTHER'S MA			toad		
11		FIRST		MIDDLE	LAST El la serre		FIRST		D.	C	chmidt	
	16a. V	George VAS DECEASED EVER	IN U.S. ARME	M D FORCES?	Flury	TY NO.	Anna 17. INFORMANT		_	7865 K		
1		ES, NO, OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	230 64 26	cc	Tania T	Directo			MD 21	
V	No		TH /E-A I		218-64-26	000	Louis L	. Bivens	75			
- Z		18 CAUSE OF DEAT PART I DEATH V	AS CAUSED B	Y:	for (a), (b), and (c).)	M		00	01.	1	APPROXIMATE I BETWEEN ONSET	AND DEATH
PERMIT.		11100	IMMEDIATE (cure	109	o Car	un	Intos	unh		
ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEN IL, CREMATION, OR REMOVAL		Conditions, if	ony which	DUE TO, OR	AS A CONSEQUENCE	OF /	A	1	X,		,	2011
TAL R RE	-	gave rise ta	immediate	(b) (c)	some	casa	-ais ha	zenla	a exter	riosch	don	1
0		couse (a) stating		DUE TO, OR	AS A CONSEQUENCE	OF						
0	1.3			(c)								
¥	7	PART 2 OTHER SIGNIFICAN	IT CONDITIONS COM	STRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION GIVEN II	PART 1 (o).				
ž	CERTIFICATION	19a. DATE OF OPER	TION	1101 000 100								
BURIAL,	2	190. DATE OF OPER.	ATION	196. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			21	0 AUTOPSY?	
5 1	I E		25.1.2								YES	NO 🗌
22		210. EXTERNAL CAU		21b. TIME OF HOUR A.M.	MONTH DAY YEA	2)c. H(OW INJURY OCCU	RRED (ENTER NATU	RE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
3	MEDICAL	CONTRIBUTING	CAUSE OF DEA		19							
PRIOR TO	AED I	21d INJURY OCCUR	RED	21e PLACE C	OF INJURY (ATHOME, ORY, FARM, ETC.)		CATION TREET	CI	TY OR TOWN	COUNTY		STATE
2	-	WHILE NOT AT WORK	ORK	5						CODITI		STATE
D, 213				of the remains desc	ribed above, held an	Autap	Inspec	tion 🕅 ,	nquiry 🟋, or	nd in my opinio		
Z K		death resulted fram		M		vicide		1		ia in my opinio	n	
RY.		death resolied fran	~ /		Accident 41, 3	oicide []	, Hamicide L) Undeterm	ined manner,		,	,
\$		ACTUAL SIGNATURE	P/19/	hVs	maria	4-19	TITLE (SPECIFY	6		DATE	3/18	182
J. J.		SKINATURE		1			D. Degre	MEDICA	LEXAMINER	SIGNED_	1	
ME /		EXAMINER'S NAME	X.5	AHL	UWAL	A	311	2 Dans	Q. er	Ai R	l2 2	11272
BATIMORE, MARYLAND, 2	23n B		EMOVAL 22h	DATE	23c, NAME OF CE		ADDRESS	1234 1004	TION	1/10	2	(2)
	(1	URIAL, CREMATION, I						23d. LOCA CITY OR TO		COUNTY	STA Manager 1	-
-	24 F	Burial UNERAL DIRECTOR		3/21/83		leart	of Jesus	TE REC'D. BY REC	lalk, Bal	ISTRAR'S SIGN	- 100	and
5))	-	NAME		uck, Inc.		1000			83 Soc	9 (21:11	,
3))		/922 W1S	e Aveni	ue, Dunda	alk_{i} MD 2.	1222	.,,,,,	2 13	100	my b	much	6



(VRA 15, 4)

Brey dear The Made in B .by minelikalitie (228 , 2 we deserve till great a diers in the ferra Town I Carry asker Bucker But of and section of the Shipt Is another to Survey John College Co WALTER TO KEEP TO THE THOMAS I PUT SHIP Lingle of a compalding remained Thomas of Losses Company of the Co

15	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE Ö Ö	10) O U	0 4		
		CEASED NAME FIRST		MIDDLE	i	AŠT	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
ge 3	{TYP	I of Prints	Blackert		l nik		March	25.	1983	11 Am		
0.10	3 SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BE	RTHDAY	MONTHS DAYS			
The state of the s		Lemale	white	Le		gust 5, 1896	896 86 YRS.					
BALL		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH			
學出版		Maryland	USA		WIDOWE		Baltimo	no Cou	intu	MD.		
e no	10 C	ITY OR TOWN OF DEATH			IG HOME C	R OTHER INSTITUTION	120. USUAL OCCUPA	ION	12h KIND (OF BUSINESS OR		
pe T		Catonsville	(IF NOT IN SU	emmitt Nw	ADDRESS)	Hama	Houswile			1		
must	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTIO	N, GIVE RESIDENCE BEFOR	E ADMISSION!			2	own	home		
d be	130	aryland Bala	timore	Arbutu		134. INSIDE CITY LIMITS?	130. STREET ADDRESS	.1) 1 21227		
luor (am		ATHER'S NAME	unonce	Mount	12	YES (NO)	00.07	phur S	pring K	d. 2122/		
15 A 20		William Herz	MIDDLE	LAST		FIRST	MIDDLE		LA	ST		
and and	_					Anna Dough	rerty					
the m	160 \		RMED FORCES? /E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDI					
Pag ft, th		no		215-76-	4192	Mrs. Anna	B. Miller	822		Spring F		
oval.		18 CAUSE OF DEATH (Enter o	nly one cause pe						BETWEEN	ONSET AND DEATH		
eme		PART I. DEATH WAS CAUSI	ED BY (TÉ CAUSE (o)	(erebra	l Vasc	ular Accident	t					
or or		42/0	**	OR AS A CONSTOLL	INCE OF			(0.00)				
non, r tra		Conditions, if ony, which	,	DR AS A CONSEOU	ENCE OF							
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or o		couse (o), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEQUI	ENCE OF							
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to b	Z	PART 2 OTHER SIGNIFICANT				diovascular l			parthria			
rior day	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI			
shows	FIC		7.0 0011		0.2	THE TENTON TENTON		IN CERT	IFYING CAUSES	OF DEATH?		
	EST	21a, ACCIDENT WAS UNDERLYING	7 215 TIME	OF INJURY		21c HOW INJURY OCCUR	YES NO		ES 🗌	но 🗆		
ial-transit plantal Hygi		OR CONTRIBUTING CAUSE OF DE			AY YEAR	THE HOW INJURY OCCUR	TRED (ENTER NATURE OF IN)	JRY IN ITEM 18.	PART I OR PART 2)			
dent	Ž.	(IF EITHER, NOTIFY MEDICAL EXAMINER		.M.	19							
nd M	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
th a	-	AT WORK AT WORK										
feal is		220.1 certify that (I) (this hosp	ital) ottended t					25,		that (I) (we) lost		
for u of t		sow the deceased alive or above, (1) (we) (did) (did no	Parch	19 (0r	id that in (my) (our) opinion	deoth occurred on the	date and ha	our and from the	causes stated		
E 5 G H		276 SIGNATURE	or view the ood	y Offer georg.	1 1	DEGREE			22c. DATE	ŞIĞNED		
ALL stach ste D iT: II		Jan. La	3	Kniss	M	ATTENDING	MEDICAL STA	FF CIANI	3,	25/83		
FUNER/ uld be de h the Stat		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	. 700-		220 ADDRESS	DIRECTOR PHTS	CIAN				
Id be the		James E. Rou					realth Ave					
should be detache with the State Der IMPORTANT: If		0										
W > -	23a	BURIAL, CREMATION, REMOVAL SPECEY) Ourial		- 1 -		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	1.5	COUNTY	STATE		
			3/28	5/83 M	eadwo		- 0.02.09			Maryland		
MH-16 25M		UNERAL DIRECTOR	4	ADDRESS		25e. DA	TE REC'D BY REGISTRA	REGIS	TRAR'S SIGMA	TURE		
RA 15, 4) 1/79	1	Ambrose Funeral	Home	1328 Suls	hur S	prino Rd. MAI	7 20 1900	how	and in	my		



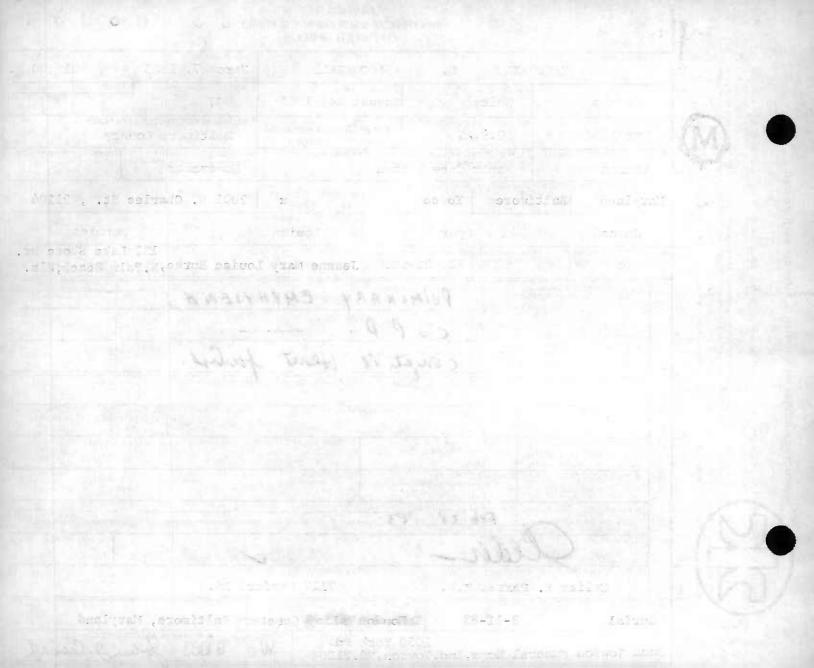
de	1	FOR STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0 6	033
X		CEASED NAME FIRST	E-11, E-331	WIDDLE		LAST CAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
M)			TRICE	J. BLAKE	3			3/18/83	8:33PM
	3. SE		4 RACE		5 DATE		6. AGE (IN YEARS LAST BIR		ER I YEAR IF UNDER 24 HRS
		Female	White 7b. CITIZEN OF WHAT COUNTRY?		Dec. 5, 1909		73	YRS.	DATS HOURS MIN.
5	7a. B	IRTHPLACE (STATE OR FOREIGN			8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH		ATH
10		Delaware	U.S.		WIDOW	D DIVORCED	BALTO (MD
Politica 54		OWSON		HOSPITAL, NURSIN		GBMC	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOME Make	F WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY OWN Home
ed sust be	13a. M			13c. CITY OR TOW Luther	N		13e. STREET ADDRESS 211 Melan	chton Ave	e. 21093
30	14. F	Rev. Howard	MIDDLE K	een LAST		15. MOTHER'S MAIDEN NA	Virginia	Coa	ale
1		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	SS	THE OWNER
1	N		IVE WAR OR DATES]	217-50-4	156	Dr. Oliver F	. Blake S	ame as #1	13.
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)		FAU NCE OF ALLUI	RE	ninal disease or con	DITION GIVEN IN	PART Ito
9	CERTIFICATION	190. DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
9		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	OF INJURY I.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR			- Land
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
		270.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did no 27b. STC)	_n 3/1	19		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the di	F / 21	, that (I) (we) last rom the couses stated
1	1	DR K GOLD	OR PRINT)			22e ADDRESS GBMC			
i.		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		22,198BDu	laney	Valley Cemet			alto.,Md.
4/82		UNERAL DIRECTOR	an 1 Homo	Tno ADDRESS	50 Yo	rk Road 250 DA	R 2.1 1983	25) DEGISTRAR'S	SIGNATURE

2.18/5 STORE LE . L SSI TARE Tolerate U.S.V. . NTAHOR OF 1'4 TOWERS OF MANAGERS OF LIGHT HOME Lauria & Dithone Testor-Val X 212 Nels chio M c. 21001 117-7-6156 Dr. Witter E. Blate Jane da 618. CAMOIN FILEGES SHULLIA SHITA EM wrin Parc 27, a phagun which doctor duckers lie bulto., bd. Rice To so weeks one, i.e. iowson, d.c. on Vight of

BP______ DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT; If them 21 is marked or them 18 shows any injury, or other traumatic event. The

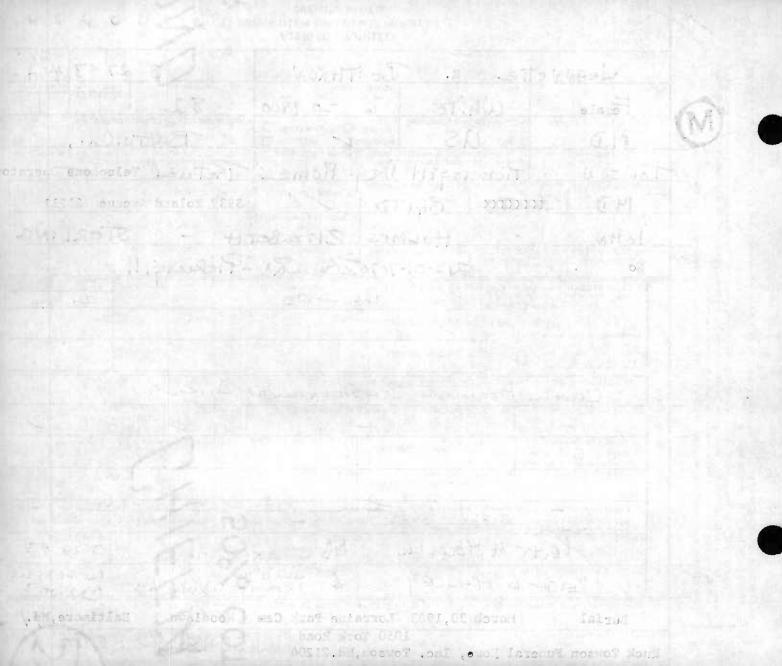
	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 6 0 3 4 CERTIFICATE OF DEATH MIDDLE LAST 120. DATE OF DEATH MONTH DAY YEAR 120. HOUR						
	1. DECEASED NAME FIRST (TYPE OR PRINT) VICT		L. BL	OOMFIELD	Lat Britis Or Berrint				
-	3. SEX Female	White		E OF BIRTH D'St 24', 1905	6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
The second second	70. BIRTHPLACE (STATE OF FOREIGN Maryland	76. CITIZEN OF V	Α.	RIED A NEVER MARRIED WED DIVORCED	Baltimore CITY OR C				
0	Towson	11. NAME OF H	OSPITAL, NURSING HOM FACILITY, GIVE STREET ADDRESS) Care Ruxton	E OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKEY 120 LISUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)				
1	USUAL RESIDENCE OF NURSING HOME OF 130 STATE BATT	NTY imore	Towson	YES NO T		rles St. , 21204			
)	14. FATHER'S NAME Samuel	WIDDIE	Byer LAST	15. MOTHER'S MAIDEN NA	AME Mennies Mennies				
	160. WAS DECEASED EVER IN U.S. A (YES, NOORUNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)				ADDRESS 132 Lake Shore Dr. Louise Burke, N. Palm Beach, Fla.			
	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUENCE OF	L HEMT UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	OR COLUMN TO CHUSE OF DE	HOUR A.A	A. MONTH DAY YEA	AR	YES NO RRED (ENTER NATURE OF INJURY IN	YES NO NO NITEM 18, PART 1 OR PART 2)			
	UIF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C		211 LOCATION	CITY OR TOWN	COUNTY STATE			
	22a.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did raid in 22b. SIGNATURE	E 01	9 (1 (31)	DEGREE ATTENDING	MEDICAL STAFF	ond hour and from the causes stated 22c. DATE SIGNED			
	22d PHYSICIAN'S NAME (TYPE Celiar E.	Parra,		22e ADDRESS 7122 Harf		V			
	230 BURIAL, CREMATION, REMOVA Burial	23b. DATE 3-110-8	3 Pulane	F CEMETERY OR CREMATORY BY Value Cemet	tery Baltimore				
	Ruck Towson Fune	ral Home	,Inc.Towson,		AR 9 1983	John J. Cohief			



Ruck Towson Funeral Home, Inc. Towson, Md. 21204

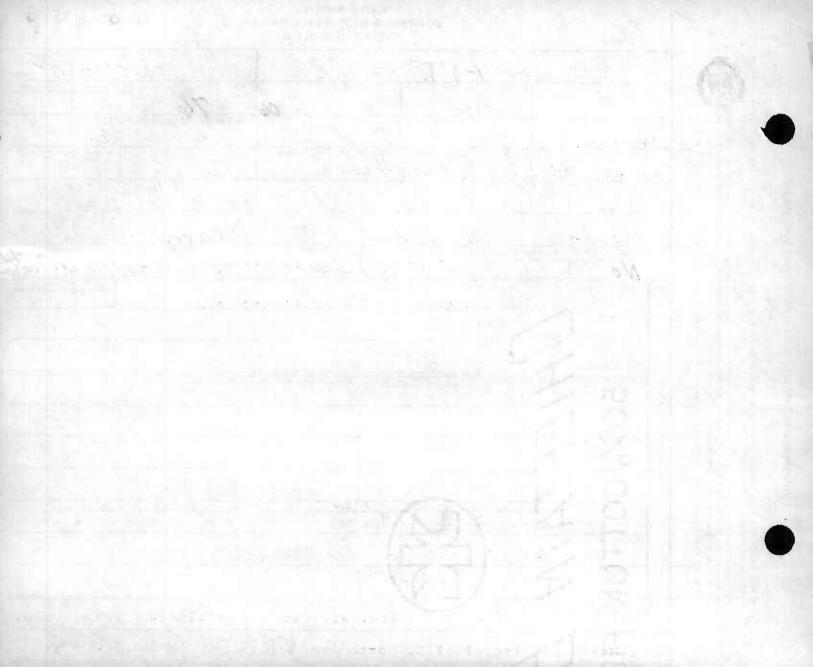
DHMH - 16 50M 4/B2

(VRA 15, 4)

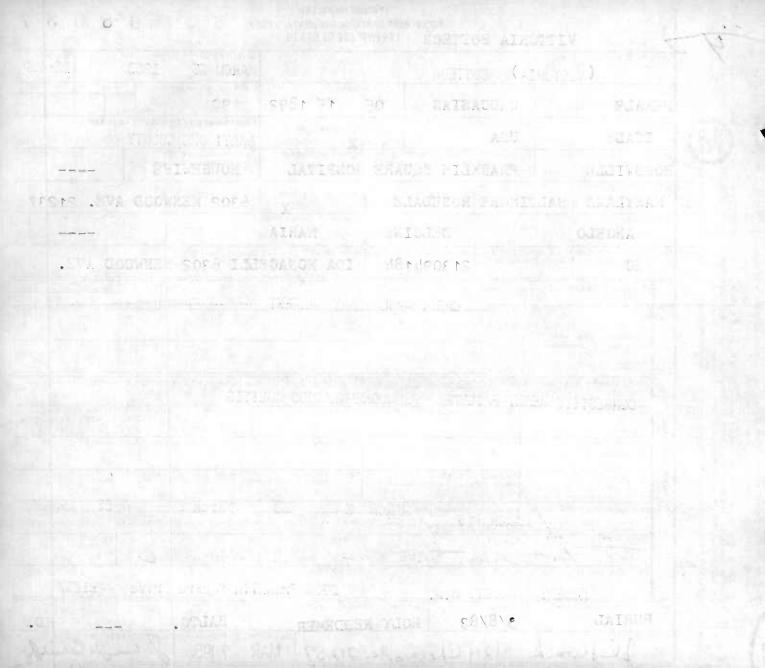


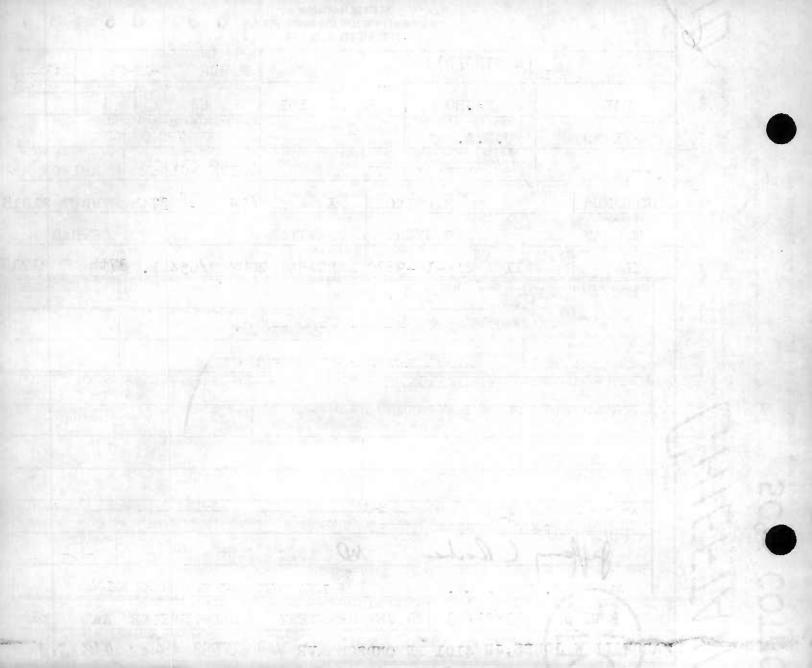
1			STATE OF MARYLAND		2 5 6 4
11.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE O O	0,000
١.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(779%	MARGAK	204 6) T	BOONE	2/	20/83 13
1. SEX	· 111/2/0/3/K	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI
3. 36/	6	4. RACE	MONTH DAY YEAR	6. AGE (INTEANS DAST SINTEDAT)	MONTHS DAYS HOURS MI
2		Black	5 3 1906	/ O YRS	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	* 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
1	PRIVLAND	1.50	WIDOWED DIVORCED	PALTIMORE	6.
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS
10	111	(IF NOT IN SUCH ACILITY, GIVE STREET	ET ADDRESS/	TYPE OF WORK FOR MOST OF WORKING	SLIFE) INDUSTRY
	WSON Ma.		is Hospice	DAMISTIC	1 1/1/1
13a. S	STATE 131 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 113d INSIDE RITY LIMITS?	13 STREET ADDRESS HP	1410 21217
	MD.	BALT	YES NO	827 BEXINGT	DN QUE
14 FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
	Themas	Tilphma	1 (1 PP) 15	(N) Corrie	BRAND
6a. V	VAS DECEASED EVER IN U.S. A			ADDRESS	
()	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	0.0	07 N A-1:	will children in
	NO	210-13	289% Cecelia 8	27 N. Arlingt	on Ave.Apt.
200	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (o), (b), o	and (cu)	•	BETWEEN ONSET AND DE
ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 99. DATE OF OPERATION		UENCE OF DEATH BUT NOT RELATED TO THE TERM THE OPERATION WAS PERFORMED		GIVEN IN PART 110. YES, WERE FINDINGS USED
CERTIFICATION	76. DATE OF OPERATION	170 CONDITION FOR WHICE	H OPERATION WAS PERFORMED		TIFYING CAUSES OF DEATH?
8	210. ACCIDENT WAS UNDERLYING		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
3	OR CONTRIBUTING CAUSE OF D.	CAIN	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
Z	TORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.) STREET	CITY OR TOWN	COOMIT
			1104 0	1	22
		oital) attended the deceased from	00	, to 3/200	_, 19, that (I) (we)
	abave; (1) we) (did) (did r	not) view the body often death	, and that in (my) (our) opinion	death occurred on the date and h	nour and from the causes state
	771 SIGNAPURE	-11/1	DEGREE		22c. DATE SIGNED
	Munier	1 / lun	CE UD ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	
1	THE PRESIDENT S NAME (TYPE	OR PRINT)	220 ADDRESS		
	1/12/16/1	4 (//11/19			
-	1001010011	1 CIUNIN			
	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
	BURIAL	3/24/83 E	Balto.Nat. Cem.	Baltimore	COUNTRO, MATATE
24. FI	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 756. REG	ISTRAR'S SIGNATURE
Wm	C March F/I	H Inc. 1101 Es	. North Ave MAR	221983 John	- or want

DHMH - 16 50M 4/82 (VRA 15, 4)



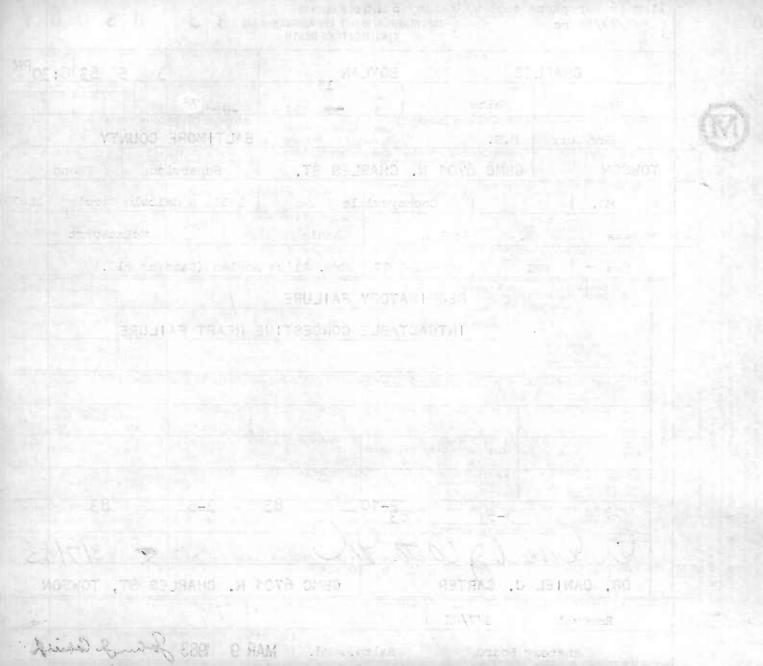
(VRA 15, 4)





Item #6 per phone call w/Anatomy Bossate OF MARYLAND

(VRA 15, 4)



FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINTI

WATSON 881 PRASHFORD ROAD JOHN E. ROBINSON, BALTIMORE, MD. 21234 pancipale c Carcinomatoser, obstructive DUE TO, OR AS A CONSEQUENCE OF CARCINOMATOSIS, OBSTRUCTIVE bowl obstruction irreversible JAUNDICE, BOWEL OBSTRUCTION, IRREVERSIBLE or Cardiogenic SHOCK, SEPTIC de CARDIOGENIC CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE and that in (m) (our) opinion death occurred on the date and hour and from the causes stated 22r DATE SIGNED DIRECTOR PHYSICIAN 7620 YORK ROAD TOWSON MD 21204 BURIAL MARCH 21,1983 SLATE RIDGE BP DELTA YORK CO. PENNSYLVANTA 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 JOHN H. HARKINS, 600 MAIN ST. DELTA. PA. 17314 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BOYLE

REG. NO

30NH7-89

IF UNDER I YEAR

INDUSTRY

12b. KIND OF BUSINESS OR

21234

DRIVING

20. DATE OF DEATH

MK - EGING CHOREST HINT CO. - 14-1105 GTTLAS , SEAL , SEALE 4 005, SEALE . HOLD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

- STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH 2b HOUR I DECEASED NAME (TYPE OR PRINT) RAYMOND BRAUN, SR. 26 83 C. 6 AGE LIN YEARS LAST BIRTHDAY! 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX ONTHS DAYS 28 23 Male White 60 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Baltimore County Virginia U.S.A. WIDOWED 12b. KIND OF BUSINESS OR INDUSTRUPESAPEAKE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 6210 Craigmont Road TYPE OF WORK FOR MOST OF WORKING LIFE Catonsville Salesman Ranch Club USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore 13d INSIDE CITY LIMITS? 7 Edgeview Road 21204 Maryland Towson NO K YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Keller Susan James Braun 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 7 Edgeview Road 21204 YES 218-12-4559 Mildred L. Valis WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Dehydration and WEEK IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF With Carcinomato 515 olon Cancer Conditions, if ony gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause Cancer cecum PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION None 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Colostoma -accinomatosi NO DE NOR YES 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 3/10 22a.1 certify that (1) (this hospital) attended the deceased from_ _ and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated sow the deceased olive on_ obove, (1) (we) (did) (did nat) view the body after death 774 SIGNATURE DEGREE 22c. DATE SIGNED 83 MD ATTENDING MEDICAL 28 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OF PRINTE 22e. ADDRESS

nould be of with the St William Read

FOR

230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/30/83 23c. NAME OF CEMETERY OR CREMATORY Crownsville Vet. Cem. Crownsville

University Hosp. 13th Flr. N. 236 LOCATION

Oncology

A.A.

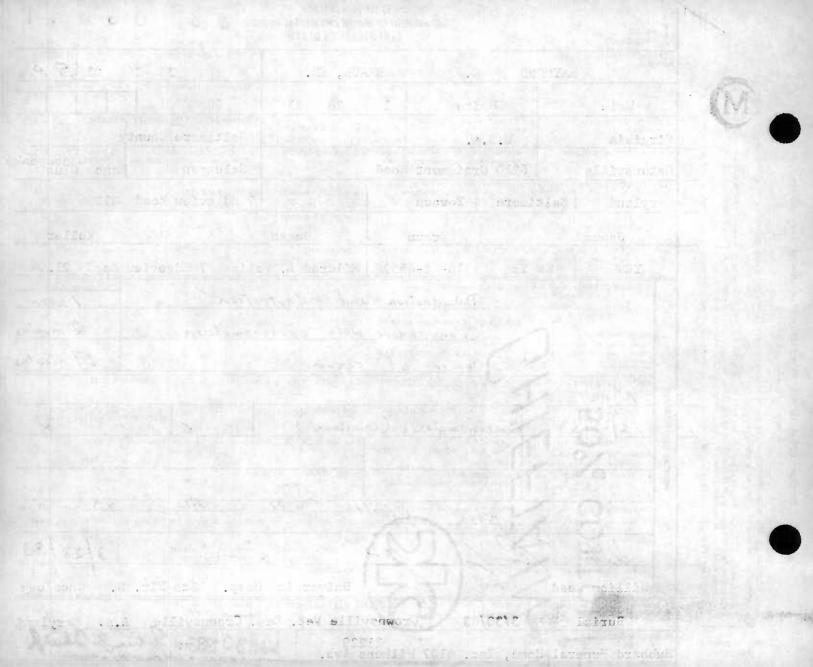
DHMH - 16 50M 4/82 (VRA 15, 4)

ğ

Burial 24. FUNERAL DIRECTOR

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Maryland



WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

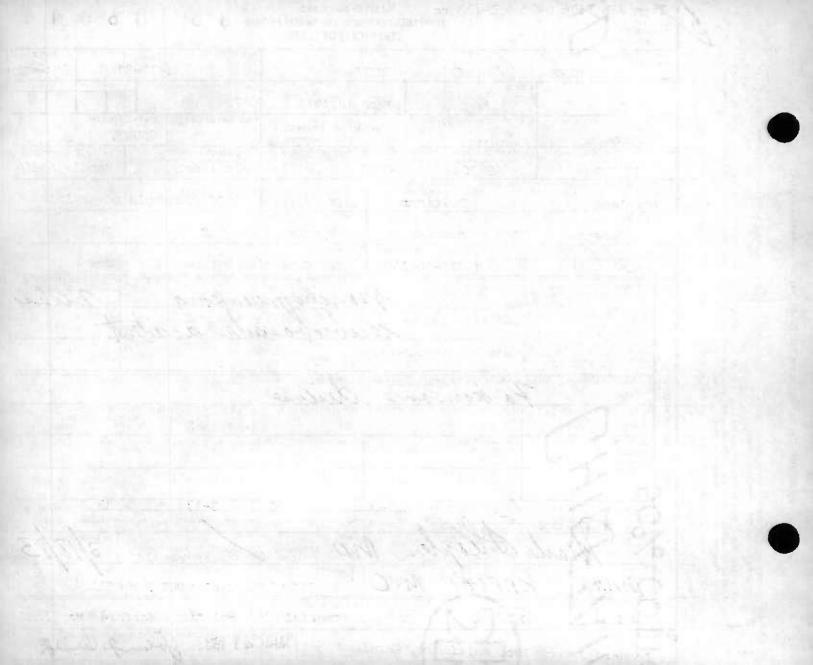
FOR

(VRA 15, 4)

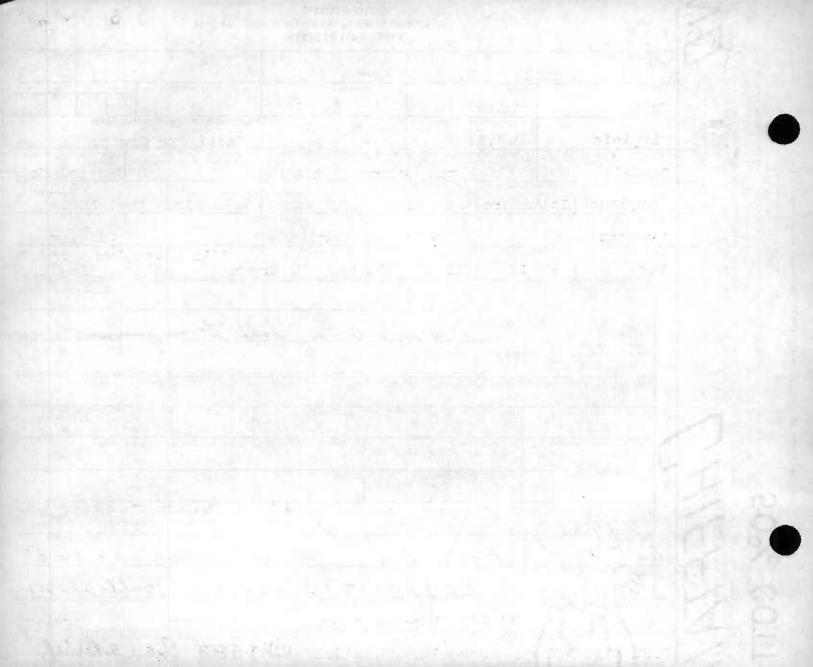
TO BE A SECURED TO A PARTY OF THE SECURE OF

Male Anib 7 84 21 - 1 161 - 1 rns C. From Pri Norvill Mills WW H state of Telook E. Levin, Elto., VE .cdfr= Chemitian 5 7-86 Kinson Mount . 7 - 70Y - 3 Harry M. Jais on Co., Ito., M.

6		tem #2b Film (FOR STATE REGISTRAR		DEPARTA	CERTIF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.		0 4 4			
e 6.4		CEASED NAME FIRST		MIDDLE	BRO	AST NLTN		3-17-83	26. HOUR 3 10:00 pm			
nay be page 3	3. SE.	GLEN	4. RACE	Е	5. DATE O		6. AGE (IN YEARS LAST BIRTH					
E 4 9 6 4 9	3. SE	Male	White	9		e 19,1911 YEAR	72	YRS.	DAYS HOURS MIN.			
eath. Pa	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Visconsin	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9. BALTIMORE COUNTY OF DEATH BALTIMORE COUNTY					
s ofter o	10 C	TOWS ON	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET JOSEPH HO	ADDRESS)	or other institution	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Architect 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Architect 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 127 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 129 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 121 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 125 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 127 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR WORK FOR MOST OF WORK FOR W					
24 hour	1000	AL RESIDENCE (IF NURSING HON STATE 136 C)	NE OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo		134. INSIDE CITY LIMITS? YES 🗗 NO 🗌	1 1000 011- 10 277770					
mpletely and 2 sh	14. FA	THER'S NAME FIRST Joseph	MIDDLE E	Brown		15. MOTHER'S MAIDEN NA Myrtle	$\stackrel{MIDDLE}{B}$	U	Ink ^{LAST}			
n and co		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU 215-10-		17 INFORMANT Mrs Cather	ADDRES		ıme .			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours r ottending physician. Wher this certificate has been signed by the attending physician and campletely filled in by as the buriol-stonsis permit. Then please remove corban papers. Pages Land 2 should be fill the ond Mental Hygiene prior to burial, cremotion, or removal. arked ar them 18 shows ony injury, or other troumatic event, the medical exomine hands being	CERTIFICATION	GOVE rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELITED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 1190. CONDITION FOR WHICH OPERATION WAS PERFORMED YES NOW										
ION OF VITA HYSICIAN: The nding physicion in size certificate in busice-fitcosis it is wented Hygies or frem 18 shp		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	F DEATH HOUR A.	M. MONTH D	AY YEAR		RED (ENTER NATURE OF INJURY		PART 2)			
OG PHYS	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TOW	N COL	UNITY STATE			
AL OR ATTENDI the haspital or AL DIRECTOR: A erached for use te Dept. of Heal		220. I certify this hospital) attended the decessed from 3-ft 19 83 to 3-17 19 83, that (IX (we) last saw the last sharp view the body other teath. 226. I certify this hospital with sharp view the body other teath. 227. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY										
O HOSPITA etoined by TO FUNERA shauld be di with the Sta		MARK S	KAPU	AN A	1.0	22e ADDRESS 7620 Y	ORK ROAD TOW		1204			
BP	23a l	BURIAL, CREMATION, REMO SPECIFY) BURIAL	236 DATE 3/21/8			emetery or crematory ir Memorial P	k Bel Air	Harford	d Maryland			
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	UNERAL DIRECTOR NAME Leonard J Rue	ck Inc. Ba	altimore,	Mary	land 2500A	TE REC'D BY SEGISTRAND	ohng	· Court			



. 15	1-	FOR STATE REGISTRAR			DEPART		ALTH AND M			, NO.			
7		CEASED NAME	FIRST	,	MIDDLE	LA	ST _		20 DATE OF DEAT	HTMOM H	DAY	YEAR	2b. HOUR
e 6 d	(TYPE	OR PRINT)	Kenne	th	S.	Bro	wn	m 21		3	13	83	м
You go	3. SE)			I. RACE	1444	5. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS HOURS MIN.
s effe 4	Ma	ale	200	White		MONTH 2	19	1922	61				
8 5		RTHPLACE (STATE OR	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 AAA PRIED	NEVER M	ARRIED T	9 BALTIMORE CIT	Y OR COUN	TY OF DE	HTA	
E POSTO		rginia		U.S.A		WIDOWED		ORCED -	Baltim	ore C	oun	ty	MD.
S STATE	10. CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OTHER INSTI	TUTION	120 USUAL OCCUP				BUSINESS OR
4 3 0	Di	ındalk			Alvah A		Apt	. A					al Moto
hour lin be t	USU/	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRE	SS			21222
filled ould		aryland		imore	Dunda		YES 🗌	NO 🔣	7415 A	lvah 1	Ave.	Ap	t.A
orthin 2 sh	14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S	MAIDEN NAA	AE MIDD	E		LAS1	
be de Co	E	verett		noot.	Brown	ı	Cord	lia	- 41 Fall			ieg	ler
BALTIMOKE, MAKTLAND 2120 sote be executed within 24 hours ysicion and completely filled in bi ppers. Pages 1 and 2 should be fill vol. it, the medical (xaminef must be n		VAS DECEASED EVER	IN U.S. ARA	AED FORCES?	165. SOCIAL SECU	RITY NO.	17. INFORMAN	VT	7415	Miva	h Av	re.	Apt.A
Poges	Y	es no ok unknown)	WW	WAR OR DATES)	231-07	-4753	Ruth	V. Br	own	Bal	to.,		.21222
DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The low requires that the death c. ther this certificate has been signed by the attendin os the burial-transit permit. Then please remove cort th and Mental Hygiene prior to burial, cremation, ar orked or frem 18 shows any injury, or ather traumation.	CERTIFICATION	Conditions, if any gave rise to improve the cause (a), statis underlying cause PART 2. OTHER SIGNATE OF OPERA	mediate ng the last.	DUE TO, O	R AS A CONSEQUENT ON TRIBUTING TO	ENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION (GIVEN IN	E FINDIN	GS USED OF DEATH? NO
VITAL RI N: The Ic nysician. icore has ronsit per Hygiene 18 shaws	ERT	210. ACCIDENT WAS UN	DERLYING T	21b. TIME C			21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF		18 PART I OF	R PART 2)	
Physical phy		OR CONTRIBUTING		in i	M. MONTH D M.	AY YEAR							
S PHYSICIA trending p or this certif the burial-tal and Mental	MEDICAL	(IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOT W AT WORK AT WO		21e. PLACE	OF INJURY REET, FACTORY, OFFICE,		211. LOCATIO STREET	N	CITY	ORTOWN	co	YTMUC	STATE
DING or or Affre olth mort		22a. certify that (I)		tot) attended th	ne deceased fram.	6-	21	, 1927	, to	13	., 19	82.	that (1) we) last
TEN ital TOR: or us of He		saw the deceas	ed olive an	12-	- 9 195	an, an	d that in (my)	(aur) apinian d	death accurred an t	ne date and i	naur and	fram the	causes stated
A AT hosp RECT ed for opt. o		225 SIGNATURE	did / (did na) xiew) he bady	toffer deoffi.		EGREE				2	2c. DATE	SIGNED
the the DI H H H H H H H H H H H H H H H H H H	1	- 20	en/	X	m	he	A	TTENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [3-1	4-83
TO HOSPITA etoined by TO FUNERA should be de with the Stot		224 PHYSICIAN'S N	AME (TYPEO	R PRINT)	117	17/1	220 ADDRES		ears a	T B	ali	92	1222
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	24. F	UNERAL DIRECTOR T	Juda-	Ruck.				25a. DAT		RAR	STRARS	SIGNAT	URE A
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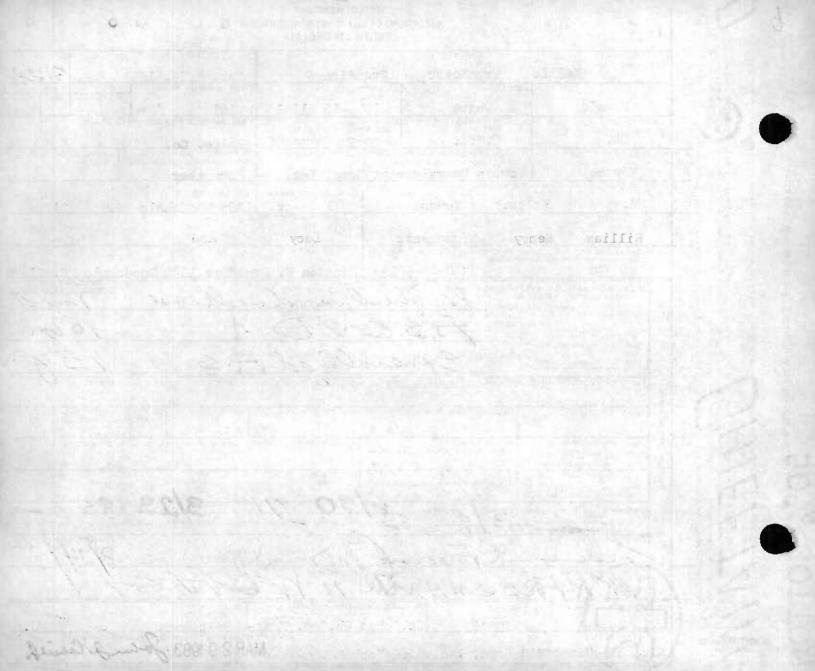


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	ASE DR. JRS.			RAND	OLPH	G.		NWC				DEATH A	MATED [5-83	19	м
	第四番	3. SE)	(4. RACE	5. DATE OF BIRTH		6. AGE (IN YEA LAST BIRTHDA	RS IF UN		IF UNDER 24		DATE	ED	MONTH	DAY	YEAR	2d HOUR
	ARY, PLEASE IL DIRECTOR. YOUR, FILES. IN 72 HOURS STREET,	N	//ale	White	9/11/52	2	30 YR		DATS	HOURS	WIN.	DEAD		3-	5-83	19	5AM M
-	25/5	Ja. Bi	RTHPLACE (ST	TATE OR	76. CITIZEN OF V	VHAT COUN	TRY?	8. MARRII	ED [] NEV	ER MARRIED	9.1	BALTIMO	RE CITY	OR COUN	NTY OF DE	EATH	- 12
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MD.	T 5.8.2.	14. F/	ATHER'S NAME						15. MOTHER	R'S MAIDEN				Take C		Total Control	
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AOR		16a. V	Ernes VAS DECEASE	DEVER IN U.S. AR	MED FORCES?	Brown 16b. SOC	IAL SECURITY	NO.	17. INFORM	an IANT			ADDRESS		<u> </u>		
BALTIMORE,	URS AFTER BY WITH FORM WITH FORM IT. PAGES 1. DIVISION O	(Y	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)				Talb	ot B.	Lev	win,	Balt	to.,	MD		
ST., 38	WIT WIT		18. CAUSE O	F DEATH (Enter on	ly one couse per lin	ne for (o), (b),	, and (c).)								APP	ROXIMATE	INTERVAL AND DEATH
N S	AL RANGE		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a)	Smoke	and so	ot i	nhalat	ion					BITWO	CEN ONSER	AND DEATH
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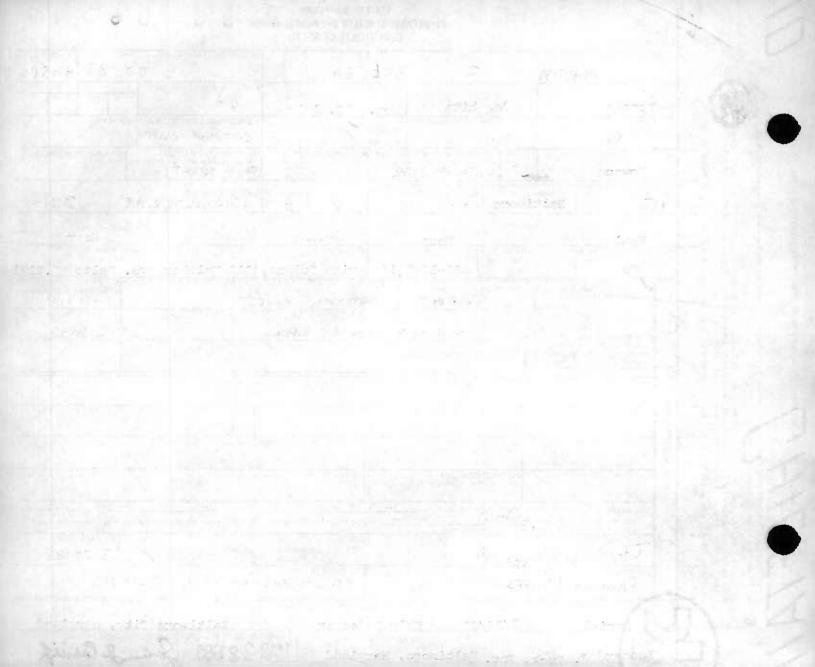
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(VRA 15, 4)

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	+	emale			hite	Nov.	20, 191	8	67	YRS.		
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Pages I on	160. WA	S DECEASED EVER		NED FORCES?	166 SOCIAL SE 053-16	-2016	17. INFORMANT Brian Bul	eza,	ADDRE	er Ave.	Balto	MD.212
g physiciar onpopers. emoval.	11	PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	line for (a), (b), RESPLEMT	and (c).) RES	PIRATORY,	ARRI	RDIOVASCULA	R ARRES	BETWEEN	MATE INTERVAL DNSET AND DEATH
the death ce the ottendin remove carb emotian, ar i		Conditions, if any, gave rise to imm		DUE TO, O	R AS A CONSEC P NEVMO	NIA -	OSSIBLE WI		7001312		30	AYS
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ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or cattending physician. After this certificate has been signed by the ottending physician and completely filled in by os the buriol-transit permit. Then please remove corbon-papers- Pages 1 and 2 should be filled than Amental Hygiene prior to buriol, cremation, ar remaval. The property of the please remove content to the property of the p		ART 2 OTHER SIGN					NOT RELATED TO T		NAL DISEASE OR CON		WERE FINDIN	
on. he law r on. t permit. iene prio	CERTIFICATION	a. DATE OF OPERAT	1014			CHOPERATION			YES NO	IN CERTIFYI	NG CAUSES	OF DEATH?
PHYSICIAN: The It and ing physician. The It certifician this certificate has build-transit per de Mental Hygiers der Item 8 shows	- 0	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT		OF INJURY .M. MONTH .M.	DAY YEAR		OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	
DING PHYS or offendin After this c e os the bur olth ond Me	MED 3	WHILE NOT WHILE NOT WH	HLE []		OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC)	211. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
TENDI or OR: A or USE or USE or USE	2	20. I certify that X sow the decease abave, th (we) (o	(this hospited	ol) attended the 3-20	ne deceased fro	3-19 82, ar	nd that in (my) (aur)	opinion o	, to <u>3-20</u> death accurred on the de	ote and haur		that Trywe) last causes stated
AL OR AT or the hospital DIREC detached for the DIREC of Dept. of Time Time Time Time Time Time Time Time	3	26. SIGNATURE	A	an an			DEGREE ATTEN PHYS	IDING ICIAN	MEDICAL STA		3-21	SIGNED -83
HOSPII FUNER FUNER Sould be The St He the St	2	RANDOUP	AME (TYPE OF	PRINT)			ST. JOSE	EDH 2	HOSPITHC	Britis	am.e	
		RIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN	- C11	COUNTY	STATE Ene Lyn
BP	74 E11N	Burial TERAL DIRECTOR		3/25/	/83	Holy Re	edeemer	25e. DAT	Baltime E REC'D. BY REGISTRAR			
DHMH - 16 50M 4/82 (VRA 15, 4)		eonard J	Ruck	Inc.	Baltimo	ore, Man	ryland	MAF	2 2 1983	John	26	wife



FOR

REGISTRAR

- STATE

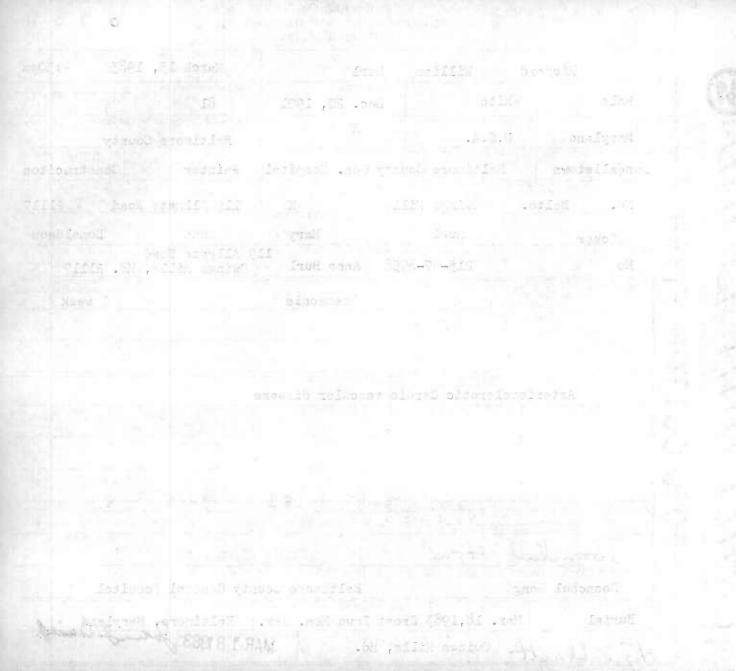
DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 1983 March 15. 4:30pm 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) Construciton 119 Allgate Road Donal dson 119 Allgate Foad Owings Mills, Md. 21117 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 week 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

24. FUNERAL DIRECTOR Owings Mills. Md.

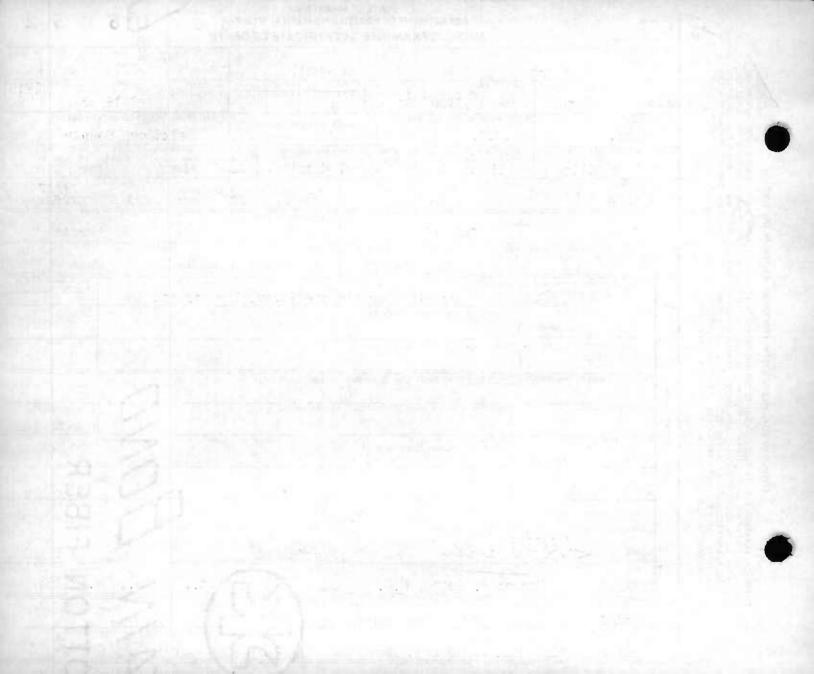
22c. DATE SIGNED



>	1-	FOR STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAI ICATE OF DEATH		IE 8 S	0 6 0	10047			
		CEASED NAME OR PRINT! JOHN	FIRST		MARD	CAI	N	20	DATE OF DEATH	/83 YEAR	12 A			
	3. SEX	ale		4 RACE White		S. DATE C	ревитн b. 10°, 19°0		6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS					
1	7a. Bil	RTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	D 9.1	9. Baltimore City Or County OF DEATH Baltimore County					
18	7	TY OR TOWN OF DEA Cowson		St. Jo	seph's Ho	GHOME C ADDRESSI Spita	OR OTHER INSTITUTION	(1	usual occupation reper work for most of work raffic Manag	ING LIFE) INDUSTRY	of business or Kemp			
35	13a. S	AL RESIDENCE (# NURS STATE Maryland	13b. COUN	imore	Parkvill	N	13d. INSIDE CITY LIMI		8318C Nunley	Dr. 2123	34			
03	14 FA	John		MIDDLE F.	Cain		15. MOTHER'S MAIDE Margaret		WIDDIE	Colgar	1 1			
T	16a V	VAS DECEASED EVER YES, NO OR UNKNOWN) YES		E WAR OR DATES)	212-09-6		17 INFORMANT	ain 8	3318C Nunley	Dr. 2123	4			
		18 CAUSE OF DEAT PART I. DEATH W 4 D C Conditions, if ony, gove rise to imm couse (a), stofin underlying cause PART 2 OTHER SIGN	MAS CAUSE IMMEDIA which nediote g the last.	D BY: TE CAUSE (o) DUE TO	hyoca hyoca hyoca hyoca ontributing to to	rdia olici	Cocho b	oral orace E TERMINA	tion, and tim huys	codilis are	XIMATE INTERVAL ONSET AND DEATH			
2	CERTIFICATION	19a DATE OF OPERA	/	14b, COND		OPERATIO	NWAS PERFORMED	CCHAPED		IF YES, WERE FIND ERTIFYING CAUSE YES	NO _			
	MEDICAL C	OR CONTRIBUTING (IF EITHER, NOTIFY THEDING 21d. INJURY OCCUR! WHILE AT WORK 22d. I certify that (I)	CAUSE OF DE	HOUR A P. 21e. PLACE (AT HOME, ST	.M. MONTH DA	AY YEAR 19	211. LOCATION STREET	77	city or town	COUNTY . 19	STATE , that (1) (3-2) los			
1		22b. SIGNATUS 27c. PHYSICIAN'S N.	DIA AME (TYPE C	DR PRINSI AS	offer death 19—	-	DEGREE	DING V	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DAT	-			
-		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	• /	23€ 1	NAME OF C	EMETERY OF CREMATE		23d LOCATION CITY OR TOWN Baltimore	COUNTY	Md. STATE			
B2		uneral director tchell-Wie	defe1		ADDRESS		25		4 1983	EGISTRAR'S SIGNA				

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20M 4/82



Dundalk, MD. 21222

24 FUNERAL DIRECTOR Duda-Ruck, Inc

7922 Wise Avenue

DHMH - 16 50M 4/82

(VRA 15, 4)

FOR

REGISTRAR

- STATE

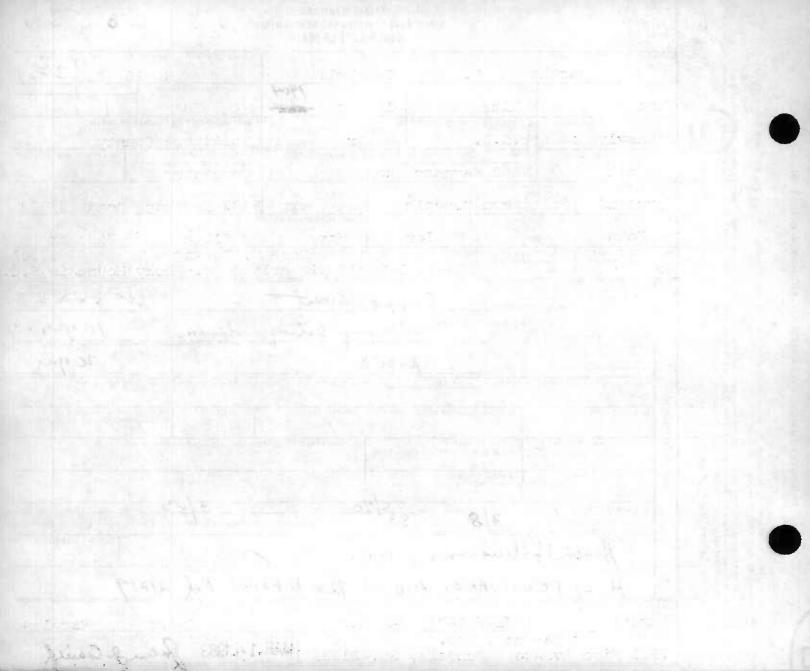
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250 DATE REC'D.

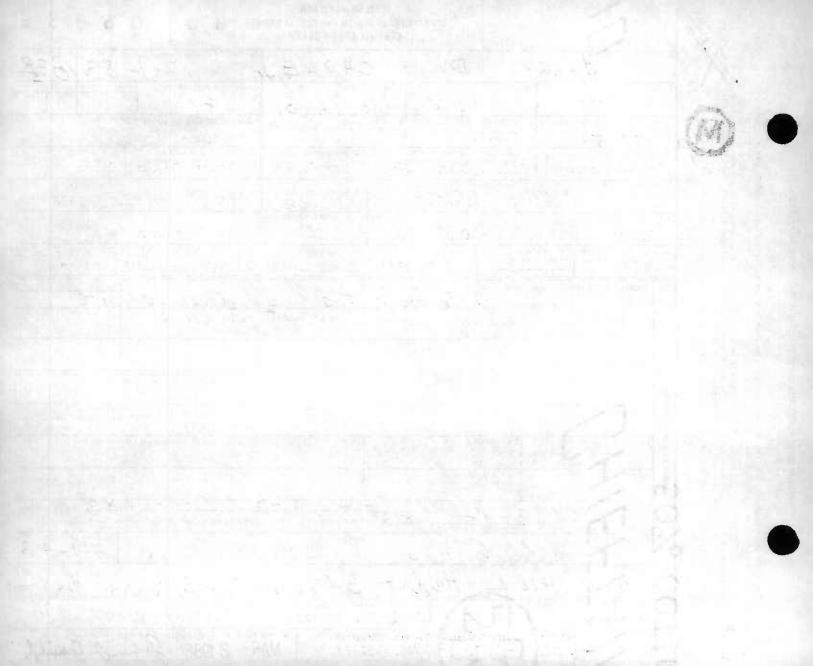


X	1	STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	0 0	5 4	
ay be soge 3 death		CEASED NAME E OR PRINT)	PAUL		WIS	CA	MPBELL	MARCH 7,	MONTH DA	Y YEAR	3:50 A _M	
rector, pours after of	3 SE	× ALE		4. RACE WHITE		5. DATE O	of Birth MBER ^{ay} 17 , '19 08		4 YRS.	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
Seath Po	P	ENNSYLVAN	IA	U.S.A		WIDOWE		9. BALTIMORE CITY OF BALTIMORE	MD.			
M	F	ORT HOWAR	D	VA MED	ICAL CEN	TER SS	PR OTHER INSTITUTION	Supply Officer State Po				
A B	M	AL RESIDENCE (IF NU STATE ARYLAND	ANNE	OTHER INSTITUTION	GIVE RESIDENCE BEFO	DRE ADMISSION)		13e. 51855T ADDRESS	ANQUAL	COURT	21113	
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s. Poges		MAS DECEASED EVE YES, NO OR UNKNOWN) ES		WAR OR DATES)	166 SOCIAL SEC 206 01		Roseco, Ra	mpbellago	7-D T lenton	ranqu	al Ct.	
soth certificate b tending physicia e carbanpapers, an, ar remavol. umotic event, the		PART I. DEATH	IMMEDIAT	DUE TO, O	R AS A CONSEO	ARRES!					MATE INTERVAL ONSET AND DEATH	
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e hos been single permit. The giene prior to hows any inju	CERTIFICATION	RENAL FA	ATION				URINARY TRACT	T INFECTION 200 AUTOPSY? YES X NO	20b. IF YES, V	WERE FINDIN NG CAUSES	NGS USED OF DEATH?	
transing physicion to this certificate has buriol-transit pand Mental Hygier and Artem 18 showed ar Item 18 showed are Item 18 showed are are a showed a showed a showed are a showed	MEDICAL CE	210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME 21d. INJURY OCCU WHILE NOTIFY	CAUSE OF DEA DICAL EXAMINER	P. 21e PLACE	M. MONTH M.	19	21f. HOW INJURY OCCURR 21f. LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE	
DIRECTOR: After the control of the c		WHILE AT WORK AT WORK 270. I certify that (I) (this haspital) MARCH the deceased from APRIL 13 19 82 to MARCH 7 19 8 saw the deceased alive an above, (I) (we) (did) (did nat) view the bady after death. 270. SIGNATURE DEGREE										
FUNERAL uld be detro the Stote ORTANT:		22d. PHÝSICIAN'S I VADHANA		AUD. M.	Claus	5	ATTENDING PHYSICIAN [226. ADDRESS]	MEDICAL STA DIRECTOR PHYSIC	CIAN	3-7·		
章 C 県 素 M — BP	23a 1	BURIAL, CREMATION	N. REMOVAL		230		EMETERY OR CREMATORY ton Nationa	23d LOCATION				
MMH - 16 50M 1/B1 (VRA 15, 4)	²⁴ F	LECK FUN 01 Sand	NERAL y Spr	HOME,	INCAPORESS Laure	⊇1, M	d. 20707 MA	R 9 1983	Th REGISTRA	JE GAT	hulf	

STATE OF BUILDING POINTS

MAR 9 1983 John & arich

1	1-	FOR STATE REGISTRAR		DEPARTM	CERTIF	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO		6 0 5 5
24	(TYPE	CEASED NAME FIRST	Y	D.		PAPLEJ	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR 2 C C C C C C C C C C C C C C C C C C
115	3. SE)	M	4. RACE	Cauc	5. DATE C	DAY YEAR	82	YRS.	S DAYS HOURS MIN.
(M)	7a. Bli	RTHPLACE (STATE OR FOREIGN OUNTRY) Mary Land	76. CITIZEN OF	• COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY <u>o</u> Baltimore		EATH
133	10 CI	andallstown				ROTHER INSTITUTION	(TYPE OF WORK FOR MOST OF	on 12b E WORKING (IFE) INI POCETY S	b. KIND OF BUSINESS OF DUSTRY DECTOR
135	USUA 130. S Mi	LRESIDENCE (IF NURSING HOME OR TATE 13b. COUN D Bal	OTHER INSTITUTION. NTY to.	GIVE RESIDENCE BEFORE 131. CITY OR TOWI Randalls			130. STREET ADDRESS 9300 Libe	rty Rd.	21133
0130		THER'S NAME Harry L	MIDDLE	Capte, S	r.	is mother's maiden named Ida	MIDDLE	Gorsuch	LAST
medicol	160 V	VAS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR OATES)	216-32-6		17. INFORMANT Augustus Cla	rk Baltimo	re, Md.	Forest Park 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rmit. Then please remove cob- prior to burial, cremotion, or a sony injury, or other troumotic	CERTIFICATION	gove rise to immediate cause (o), stafing the underlying couse lost. PART 2 OTHER SIGNIFICANT ((c)		EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	20b. IF YES, WER	PART 1(a) RE FINDINGS USED CAUSES OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ALIA .	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURRI	YES NO	YES 🗀	№ □
e os the buria alth and Ment morked or Iter	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn cc	OUNTY STATE
of Hea		220 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no	3-1	19.8		nd that in (my) (our) opinion d	eath occurred an the do		that (I) (we) lo fram the couses stated
etoched te Dept.		226. SIGNATURE	louse	Homa		ATTENDING PHYSICIAN	MEDICAL STAF	IAND	3-1-83
should be detoched with the Stote Dept.		Somo	hul DR PRINT) UL	Hong	G+	ATTENDING PHYSICIAN DE PARTIE	MEDICAL STAF	Genera	3-1-83 1 Hospit



R	DEPARTA
ATE	DEI ARTH

STATE OF MARYLAND WENT OF HEALTH AND MENTAL HYGIENE

1	3	0	6	1	Š	6

		REGISTRAR				CLKIII	ICAIL OF DEATH		REG. NO.				
	1. DE	CEASED NAME	FIRST		MIDDLE		AST	2a DATE OF D		NTH DAY	YEAR	2h HOUR	-
	(TYPE	OR PRINT)	WAL	TER	J	CA	ELISLE			3 -30	-83	94	M
	3. SE			4 RACE		5. DATE C		6. AGE IN YEA	ARS LAST BIRTHD	AY) IF	UNDER 1 YEAR		_
	100	Male		Whit	te	Sept	. 2, 1908 ^{EAR}	74		YRS.	VIHS. DAYS	HOURS MIN.	
100	7a. BI	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	NEVER MARRIED	9 BALTIMOR	E CITY OR	OUNTYO	DEATH		
		Virginia		U.	S.A.	WIDOWE		Ва	Itimor	re Cor	inty	м	D
7		ITY OR TOWN OF DEA					OR OTHER INSTITUTION	12a. USUAL O				OF BUSINESS OF	THE REAL PROPERTY.
)		undallstown		Baltin		ty Ge	neral Hospita	Intem			-U.S.	Gov't	
2	13a S	TATE	136 COUN	VTY	130. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET AL					
1		ryland	Balt	imore	Woodlawn	l .	YES NOTO		Cress	on Av	enue	2120	7
21	H FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	MIDDLE	3-0	LAS		
J.	1	Elic	k M.	Carl	isle		Sarah	L .	Or	ndorf.	f	51	
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT Mrs.	Esther	carre	sle			
8		YES, NO OR UNKNOWN)	WW	11 DATES	219-28-8	827	3201 Cresson	Ave.	Balti	more,	MD.	21207	
П		18. CAUSE OF DEATI	H (Enter or	ily one cause per	line for (a), (b), and	dic					APPROX	IMATE INTERVAL ONSET AND DEATH	=
	381	PART I. DEATH W		D BY: TE CAUSE (o)	CARMI	RES	PIRATORY 1	HODE	57-			OLIVET HITO DEATH	-
9		4100)				7	110100	-				-
8		Conditions, if any,	which	DUE TO, OI	RAS A CONSEQUE	NCE OF	ey FAL LOW NE	c .					
		gove rise to imm	nediate	(b)	NESTIL	7700	JATE WING						-
		underlying couse		DUE TO, OF	R AS A CONSEQUE	NCE OF	BIAL INF	ELOKI					
		DARTE OTHERSION		(c)									=
	NO	PART 2 OTHER SIGN	NFICANT (CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITI	ON GIVEN	IN PART 10	0.	
	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	SY? 20	Ib. IF YES. W	ERE FINDIN	VGS LISED	-
_	FIC	AP HOME		LA LIE					II.	CERTIFYIN		OF DEATH?	
-	ERT	21a. ACCIDENT WAS UND	ERLYING [21b. TIME O	FINHIRY		21c HOW INJURY OCCURR		ио Д	YES [NO 🗌	_
7		OR CONTRIBUTING C			M. MONTH DA	Y YEAR	THE HOW HAJORT OCCORR	CD (ENTERNATO	JRE OF INJURY IN	ITEM 18 PART	1 OR PART 2)		
	OIC.	(IF EITHER, NOTIFY MEDIC				19							
	MEDICAL	21d INJURY OCCURR		21e PLACE C	OF INJURY BEET, FACTORY OFFICE, FA	ARM, ETC)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
		AT WORK AT WOR	K .										
		22a.l certify that (1)				3-11	5- 1983	, to3	- 30			that (1) (we) las	1
		sow the decease above, (1) (we) (d	d alive on lid) (did no	t) view the body	30 19 8 ofter death.	3 or	d that in (my) (aur) apinion a	death occurred	on the date	and hour or	id from the	couses stated	
		22b. SIGNATURE		1	CZ	-	DEGREE				22c DATE	SIGNED	_
			1	Due	IN M	1-1	M-7) ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	N	3.	-30-8	3
		226. PHYSICIAN'S NA		- /	1 1		22e ADDRESS			*		-	-
		Re	DE	PESTI	2E		BALTIMORE	COUNT	1461	NED	24/	HACPITA	1
	23a. B	URIAL, CREMATION, I				IAME OF C	EMETERY OR CREMATORY				**(1024/11	Ī
		.,		200. 677116	230 1		THE PERSON OF CHEMICALORS	8 TAGE CO CUT	1-0-1				

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

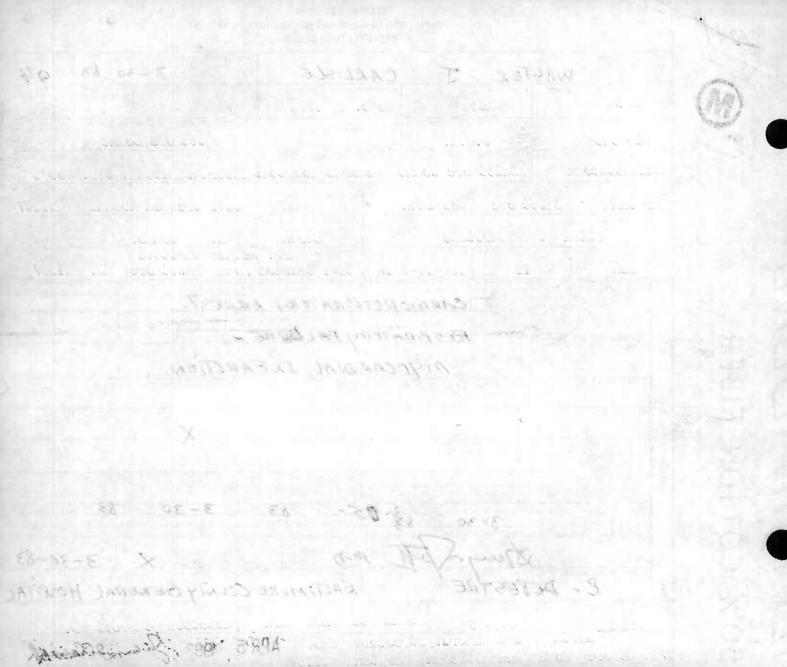
MPORTANT: If Hem 21 is

Lake View Mem. Park

Sykesville

Burial 4-4-83 Lake View Mem.

8728 Liberty Road Randallstown, Maryland 211



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or ottending physician.

BP______ DHMH - 16 50M 4/80 (VRA 15, 4)

With the order over the month of the month o

	1-	FOR STATE		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE &	3 3	0	6 0	5 1
	1 DE	REGISTRAR CEASED NAME FIRST		MIDOLE		AST	I 20 DATE	REG. NO		Y YEAR	In HOUR
		OR PRINT)					20. DATE				26 HOUR
	2.663	CECILIA		J.	J. DATE O	WLEY	L ACE	MARU IN YEARS LAST BIRT	CH 4,	L983	6:35P A
	3. SE	FEMALE	4. RACE WHITE		NOV.	DAY YEAR	e. AGE	84	YRS.	ONTHS DAYS	HOURS MIN.
35	- (RTHPLACE (STATE OR FOREIGN COUNTRY) 1ARYLAND		SA MARRIED NEVER MARRIED SA WIDOWED XX DIVORCED			BALTIMORE COUNTY BALTIMORE COUNTY				
10		TOWSON	MANO!	CARE T	OWSON	DR OTHER INSTITUTION	(TYPE OF V	AL OCCUPATION OF FOR MOST OF			OF BUSINESS OR
3	USU, 13a. S	AL RESIDENCE (IF NURSING HOME STATE MD.	OR OTHER INSTITUTION JNTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW BALTIMOR		13d. INSIDE CITY LIMITS?	428	ET ADDRESS ROSEBAN	IK AVE	. 212	12
Ol,	14 FA	ATHER'S NAME MICHAEL	MIDOLE	JOYCE		15. MOTHER'S MAIDEN NAME OF THE STREET MARY	ME	AGNES		LA:	ST
7		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES			
		NO		212-01-0	398	JEROME J. JO	YCE	428 ROS	SE BANK		21212
9	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT IPa DATE OF OPERATION	(c)		DEATH BUT	NOT RELATED TO THE TERM		ASE OR COND	20b. IF YES,	WERE FINDI	
1	RTIF						YES [YES		NO 🗌
9	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	.M. MONTH D/ .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTE	R NATURE OF INJUR	Y IN ITEM 18 PAR	JT I OR PART 2)	
	MEO	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	-	CITY OR TOV	VN	COUNTY	STATE
		22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did			83, 。	nd that in (my) (our) opinion	. 10 _	March urred on the do	te and hour	and from the	
		22b. SIGNATURE	B Ares	MANT		DEGREE ATTENDING	MEDIC	AL STAF	F		SIGNED
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		-	PHYSICIAN 5	DIRECT	OR PHYSIC	IAN	3/	5/83
		GEORGE B	ALBRIGI	HT M.D.		10 WARREN	RD.	COCKEYS	VILLE	, MD.	
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LC	OCATION CITY OF TOWN		COUNTY	STATE
		BURIAL	MAR.	8,1983 N	EW CA	THEDRAL CEM.		BALTIMO		COUNT	MD.
		UNERAL DIRECTOR		AODRESS		25 PAT	REC'D.	N REGISTRAR	W REGISTR	ARA SIONA	TURE
	MI	TOHETT WIEDER	TT D LOME	6500 VOD	VDD	27 27 2 111/	", T	1302		0	

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	AT THE REAL PROPERTY.	574 JA F9 L. I	erres .	
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erere alva	.\			
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		012-11-659 GRADE 0110		

William C. March Funeral Home

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

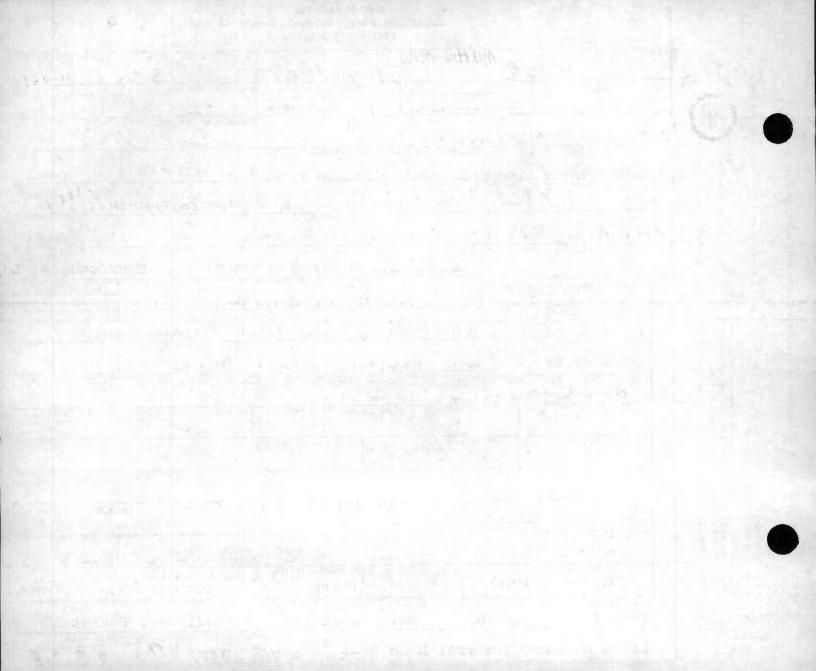
CERTIFICATE OF DEATH

North Ave

FOR

REGISTRAR

- STATE

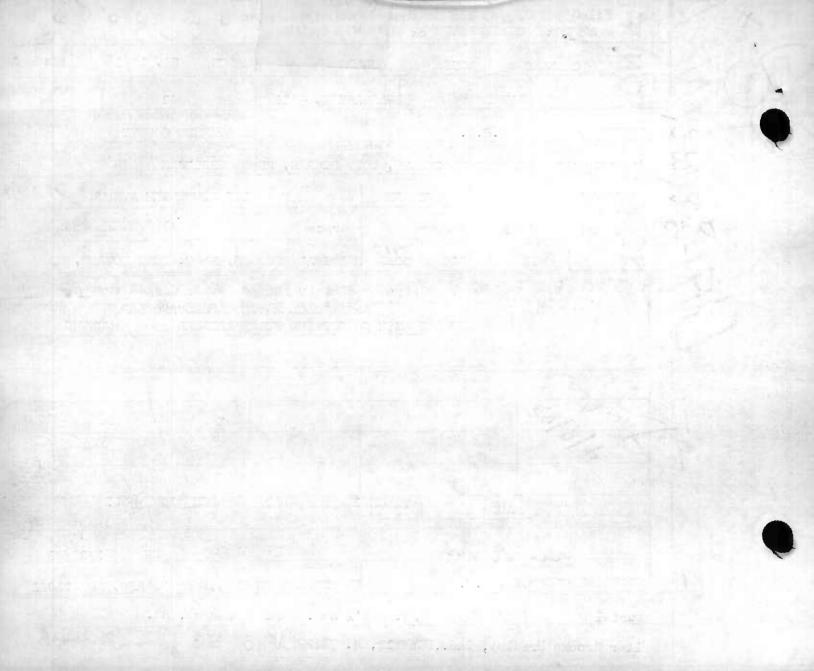


STAIL OF MAKILAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

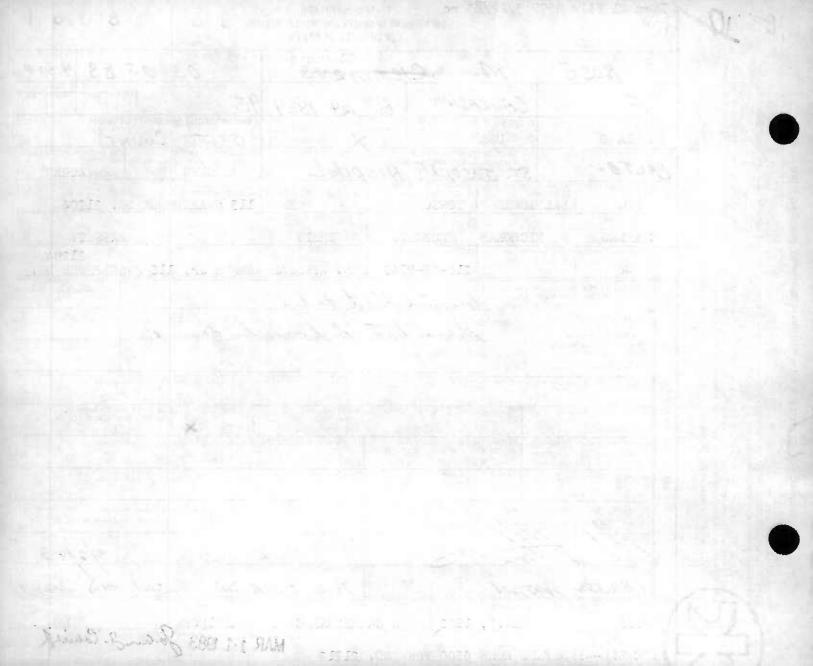
FOR - STATE

(VR A 15 (4))

CAN THE PROPERTY OF THE PARTY O rent Ender Street at the contract of the contr 2 c STATE OF THE PARTY OF THE PARTY



0 10		FOR STATE	G577 3/22/8	_	ARTMENT OF H	E OF MARYLAND LEALTH AND MEN ICATE OF DEA	NTAL HYGI	ENE 8 3	0	6 0	6 1
e E =		REGISTRAR CCEASED NAME E OR PRINT) ROSE	- 4	MIDDLE		AST Clemme		REG. N 2a. DATE OF DEATH	10. MONTH DAY 3 05	83	26. HOUR 4.30 F
oge 4 moy be lirectar, page : oursofter death	3. SE		4 RACE	ASION	S. DATE C			5. AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HR
death. Pogning 72 nountral officers	M	IRTHPLACE (STATE OR FOR COUNTRY) IARYLAND	USA		WIDOW	D NEVER MAR	RRIED .	BALTO	OR COUNTY O	4.0	
urs offer of the filed with e positive of the filed with the filed	8	ALTO.	ST. Je	SERAL STATE	5 HOS	SPITAL	NOITI	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST WATTRESS		INDUSTRY	OF BUSINESS O
ly filled in should be	13a.	STATE 13	BALTIMORE	13c. CITY OR TOWS	TOWN	13d. INSIDE CITY YES NOTHER'S MA		30. STREET ADDRESS	HMORE DI	R. 212	204
complete		CHARLES WAS DECEASED EVER IN	NICHOLAS		BERTO	EMIL 17. INFORMANT	T	MIDDLE		BASSET	T
ian ond irs. Pages		YES, NO OR UNKNOWN) (Enter anly one cause per	218-0	9-9748		LIAM K	AMMER JR.		ARTHMO	21204 ORE DR.
requires that the death en signed by the ottend Then please remove co or to buriol, cremotian, a injury, or ather troumal	NOI	PART 2. OTHER SIGNIF	liate the last. CANT CONDITIONS CO	R AS A CONS	EQUENCE OF	NOT RELATED TO	THE TERMIN	VAL DISEASE OR COM			
The low icion. The hos be sit permit giene priis shows any	CERTIFICATION	190. DATE OF OPERATIO			HICH OPERATIC	N WAS PERFORM		YES NO	YES	NG CAUSES	NGS USED OF DEATH?
DING PHYSICIAN; TO or attending physician after this certificate to so the buriol-transit of th and Mentol Hygin marked or Item 18 sh	MEDICAL CI	OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	SE OF GEATH HOUR A. EXAMINER) P. 21e PLACE	м. монтн м.	DAY YEAR 19 FICE, FARM ETC }	211 LOCATION	- OCCURRE	D (ENTER NATURE OF INJ		COUNTY	STATE
OR ATTEN he hospital DIRECTOR: oched for us Dept. of He If them 21 is		22a.1 certify that (1) (the	is haspital) attended the olive on (did not) view the body	_		nd that in (my) (ou DEGREE		medical ST/			
O HOSPITAL etained by th TO FUNERAL should be dete with the State MAPORTANT: P		22d. PHYSICIAN'S NAM	HATTON	0		71e. ADDRESS	05/3/	e de n	ENSON.	17	2/20
BP	В	burial, cremation, re (SPECIFY) URIAL	MAR.9,			EMETERY OR CRE		23d LOCATION CITY OR TOWN BALTIMORI	0	COUNTY	MD.
DHMH - 16 50M 4/82 (VRA 15, 4)	10	UNERAL DIRECTOR NAME TTCHELL-WIE	OFFFID HOME	6500 N		21 21 2	25 MAR	1 1 1983°	REGISTRA	ROSIONAL	arres



STATE OF MARYLAND

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6	0	O	6

h	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	GIENE &	UO	0 0 2	
1 DE	ECEASED NAME FIRST		MIDDLE		LAST	REG. N	O. MONTH DAY	YEAR 26. HOUR	
	ROSE				COHEN	MARCH 6, 19		12:30A.	
3 SE	X	4 RACE		S. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER		
	FEMALE	WHIT	Е	SEPTE	MBER 16, 1898	84	YRS.	DAYS HOURS MIN.	
7a. B	RUSSIA	U.S.	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED				
	PIKESVILLE	MILFOR	D MANOR N	URSIN	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWIFE	OF WORKING LIFE) IND	KIND OF BUSINESS OR USTRY AT HOME	
130.	JAL RESIDENCE (IF NURSING HOME OR STATE 136, COUN	OTHER INSTITUTION TY	BALTIMOR	N	13d. INSIDE CITY LIMITS? YES NO -	13e. STREET ADDRESS 2500 W. BF		21215 AVE. APT.	
IL F	ATHER'S NAME FIRST JACOB	AIDDLE	VINACK		IS MOTHER'S MAIDEN NAI	WE	ı	JNKNOWN	
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVEN	MED FORCES?	16b. SOCIAL SECU 217-01-0			R. EDWARD S.	SCO APT	. 2B 21215	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(c)	r as a conseque	NCE OF	ar arred Leider His			4 Jans	
NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ON KIBUTING TO L		LOS	VINAL DISEASE OR CON	DITION GIVEN IN P	AKI IIa	
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🌠		FINDINGS USED AUSES OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	15	DE INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211. LOCATION STREET	CITY OR TO	OWN COL	UNTY STATE	
	22a I certify that (1) (this heapit sow the deceased alive on abave, (1) (we) (did) (did not	1/4	reh 6198	4	nd that in (my) (aux) apinian	death occurred an the d	ote and hour and fr	, that (I) (ame) lost am the couses stated	
	226. SIGNATURE	nuel	Leur	7	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF _ ·	3/7/83	
	22d PHYSICIAN'S NAME (TYPE OF	PRINT)			22e. ADDRESS				
	DR. MANUEL LE	VIN			6101 PARK H	EIGHTS AVE.			
	BURIAL, CREMATION, REMOVAL	226 DATE	123c N	LAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 50M 4/B2 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior ta burial, cr

MPORTANT: If them 21 is marked ar Item 18 shows an

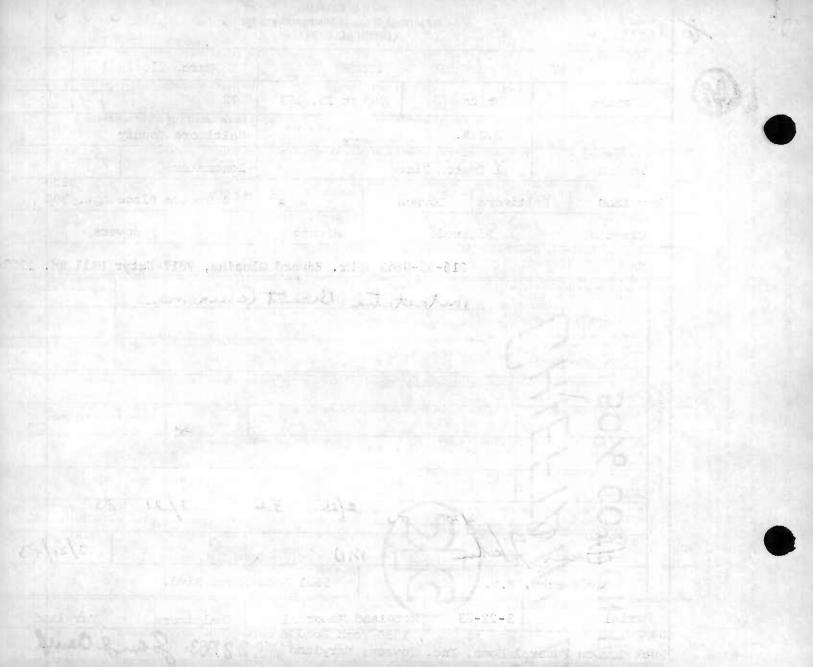
ZION CEM

ROSEDALE BALTIMORE MARYLAND

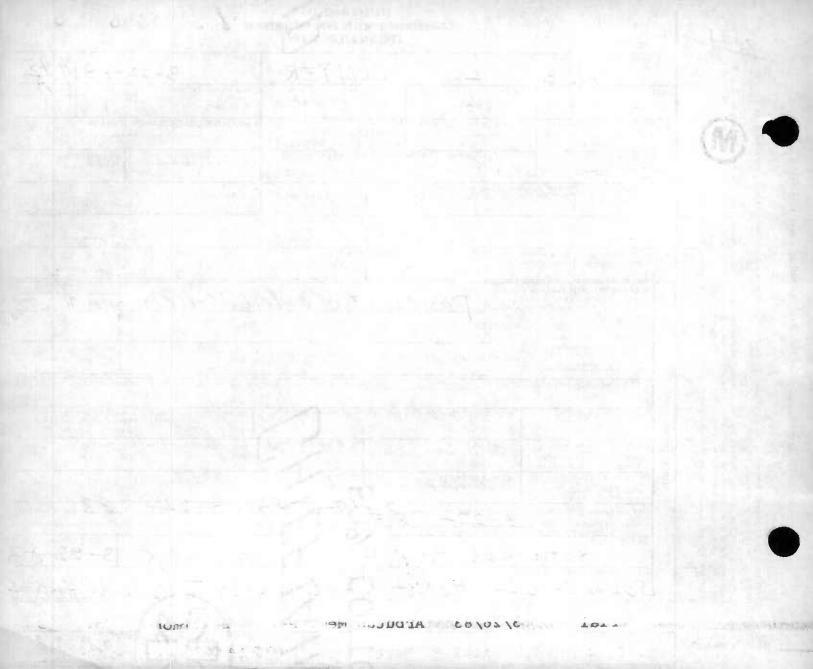
BURIAL 3/8/83 SHAAREI ZION CEN
24 FUNERAL DIRECTOR SOL LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

250. DATE REC'D. BY REGISTRAR 256 MAR 1 1 1983

Total Control of the acte trong that frame + fall the same of the sa Marchel Lear HA X = 2/1/8 Maria Contraction of the Contrac



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		١,	FOR		DEPARTME	NT OF HEALTH AND	MENTAL HYG	IENE Ö Ö	UO	0 0 4
	12±1		STATE REGISTRAR			CERTIFICATE OF I	DEATH	250 110		
	100	I DE	CEASED NAME FIRST	MIDDLE		LAST		REG. NO		AR 2b. HOUR
	. n.e	(TYPE	OR PRINT)	Mode		OMILY	70			2 77 45
	poge 3		NOE			CONT	EN		>-21-8.	D // 5/1/M
330	pog ,	3. SE	(4. RACE	5	DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTI		
	oge 4 s off	Ma	ale	Black		19°	35 ^{AR}	48	YRS.	
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	(M)/0		N.C.	USA	1	WIDOWED DI	NORCED		ore City	MD.
	d d	1	TY OR TOWN OF DEATH	NAME OF HOSPITA	GIVE STREET ADI	PRESST -	IIIUIION	12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF		IND OF BUSINESS OR
5		Ba	altimore	Baltimor	e Co.	General	Hosp.		Assessed to	
212		JUSU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESID	ENCE BEFORE AD	MISSION)				
9	filled in ould be	130. 5	MD No Coul	Ba	Itimo	re 13d. INSIDE C	NO	13e STREET ADDRESS	Talour I)	004 21220
\$	Should be should	14 64	THER'S NAME			1	S MAIDEN NAM		I Lucy R	oad 21229
Z.	nd 2 dete	19, FA	FIRST	MIDDLE	LAST	13. MOTHER	FIRST	WIDDLE		LAST
X .	1 1 1 1 1 1		John	Con	yer		Corale			ton
, BALTIMORE, MARYLAND 2120	es lo		VAS DECEASED EVER IN U.S. AF		CIAL SECURI	TY NO. 17 INFORMA	ANT	ADDRES	S	
Q ¥	Poges Medica		res, no or unknown) (IF YES, GI	VE WAR OR DATES)	N/A	Shir	lev Co	nyer 4506	Pen Luc	v Road
Ē .	he is						10, 00	117 CL 1300	I CIL EGG	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
BA	physic npope movol vent, t	-	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause per line for (o), (b), and (-	010	00		WEEN ONSET AND DEATH
	em o b			TE CAUSE (a)	ma	roanc	and	us can	1 wom	a near the
z	ding or r	- 10	1011	DUE TO, OR AS A C	ONSFOLIEN	CF OF				0
STC	on, on,	-73	Conditions, if any, which	1	0113200211					
X.	the other consists of the december of the dece	133	gove rise to immediate	(b)						
W. PRESTON ST.	2054		cause (a), stating the underlying cause lost.	DUE TO, OR AS A C	ONSEQUEN	CE OF			17 19 19	
201	d by delay in or			(e)						
	signe hen p to bur	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DE	ATH BUT NOT RELATED	TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PA	RT I/O
DIVISION OF VITAL RECORDS,	- X 0 1 5	CERTIFICATION	199 DATE OF OPERATION	TIBL CONDITION SC	NA WHICH O	PERATION WAS PERFO	PMED	20g. AUTOPSY?	20b. IF YES, WERE F	INDINGSTISED
Ü.	Son de prince	Ž.	140. DATE OF OPERATION	THE CONDITION TO	M WITHCIT O	FERMION WAS FERFE	DKMED		IN CERTIFYING CA	
AL.	0 0 4 4 0 0	E						YES NO	YES 🗌	NO 🗆
5	or physical	8	210. ACCIDENT WAS UNDERLYING	116. TIME OF INJURY	NITH DAY	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR PA	RT 2)
T.	SECIA ng ph certific riol-tr entol	¥	OR CONTRIBUTING CAUSE OF DE	2111	INU DAT	19				
Z	ottending physicians of the physician of	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUI	RY	ZII. LOCATI	ON			
ISIC	the the	ME		(AT HOME STREET, FACTO		M, ETC.) STREE	T	CITY OR TOW	vn coun	TY STATE
2		10	AT WORK NOT WHILE			2 15	- 29	0 01	2	
	01 (1)		22a.1 certify that (1) (this hosp	ital) ottended the deceos	ed from	2-11-		2, 10	19_0_	, that (1) (we) last
	prior 170		sow the deceased alive or abave, (I) (we) (did) (did no	at) view the hady after de	19_0	ond that in (my	(our) opinion	deoth occurred on the do	te and hour and from	m the couses stated
	hospital hospital iRECTOR thed for u tept. of Ho	100	226 SIGNATURE	O O		DEGREE			220.	DATE SIGNED
	J 6 0 40		2000	chell 1	Horse	2	ATTENDING	MEDICAL STAF		-22-12
	FUNERAL WITH THE STORE OF THE S		7001	COVER 1	1007	22e. ADDRES	PHYSICIAN [DIRECTOR PHYSIC	ANC	
	A P S S S S S S S S S S S S S S S S S S		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		D C	6	1 -		Ou Lill
	etoined by the TO FUNERAL I should be deto with the Stote I IMPORTANT: If		DOON CHI	LL IT	DNG	Ball	ejuors	2 County 1	denera	& HOSDITE
	0 % 5 % X	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NA	ME OF CEMETERY OR	CREMATORY	23d LOCATION	1	/ (
	DD		Burial	3/26/83		outus Mem		Baltim	COUNTY	Contraction of the contraction o
	BP			3/20/03	MI	Jucus Melli		E REC'D' BY REGISTRAR!		
DH	MH - 16 50M 4/82		UNERAL DIRECTOR	D /II 1101	ADDRESS		230. DAT	D O A ACCO	25 EGISTRAR'S SIC	Calual
	(VRA 15, 4)	W	m. March	F/H 1101	E. No	orth Ave.	MA	K Z 4 1983	10 mil	The same of



1	FOR STAT	E STRAR		DEPARTA		TH AND MENTAL TE OF DEATH		8 3	U	0	U	2
100	ECEASE			MIDDLE			2n [REG. N		DAY YEAR	12h F	IOUR
	YPE OR PRIN		1. ^	s. co	OLAHA	NI		MAF		8,198		.16
9 13.5	SEX	OAIVIII	4. RACE	5. 00	5. DATE OF BIR		6. AC	E (IN YEARS LAST BE		IF UNDER I YE	_	DER 24 F
	Fe	male	Wh	ite	NOV.	8 . 1902		80	YRS.	MONTHS DAT	S HOU	R5 M
1		CE (STATE OR FOREIGN		F WHAT COUNTRY?	8	NEVER MARRIED	- 9 BA	LTIMORE CITY		OF DEATH		
50	Ma	ryland		USA	WIDOWED 🔀		i k	ALTIMOR	RE CO	UNTY		
10		SON		OSEPH HO				USUAL OCCUPAT OF WORK FOR MOST Teacher	OF WORKING LIF			
US 130	UAL RES	DENCE (IF NURSING HOME (OR OTHER INSTITUTIO	13c. CITY OR TOW	ADMISSION)	INSIDE CITY LIMI	ITS? 13e. 5	TREET ADDRESS			147	
52			alto.	21212	YE	S NO D	k 1	27 Dum	barto	n Rd.	2	121
2/14	FATHER'S	FIRST	MIDDLE	LAST	15. A	AOTHER'S MAIDE	NAME	MIDDLE			LAST	
22	14/45 BF		Doughe			Elizab	beth	4000	P.C.C	Nevi	lle	
		CEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU		nformant Nrs. Ma	any 1	ADDR		Tows	on	٨٨١
1	No	USE OF DEATH (Enter 8		ACUTE MY	OCARDT	AL INFA		- I Codge	, ,		OXIMATE I	
	1	4100 IMMEDIA	_	or as a conseque	ENCE OF	THESE					1	
	gove	filtions, if ony, which rise to immediate (0), stating the rlying couse last.	DUE TO, (b)	or as a conseque	ENCE OF						1	
	gove cousi unde	litions, if ony, which rise to immediate (0), stating the	DUE TO, (b)	or as a conseque	ENCE OF	RELATED TO THE	TERMINAL	DISEASE OR CON	IDITION GIV	/EN IN PART	lta	
	gove cousi unde	filtions, if ony, which rise to immediate (0), stating the rlying couse last.	DUE TO, (b) DUE TO, (c) CONDITIONS	or as a conseque	ENCE OF		20	DISEASE OR CON AUTOPSY? NO [X	20b. IF YES	ZEN IN PART 5, WERE FINI YING CAUS	DINGS L	
CERTIFICATION	PART	filtions, if any, which rise to immediate [10], stating the rlying couse last.	DUE TO, (b) DUE TO, (c) CONDITIONS (CONDITIONS (CONDIT	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY	DEATH BUT NOT OPERATION WA		20 YI	a AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINI FYING CAUS	DINGS L ES OF D NO	EATH?
CERTIFICATION	gove cousi unde PART 19a. DA 21a. A or co (IFEI 21d. IN	itions, if any, which rise to immediate to ion, stating the roll,	DUE TO, (b) DUE TO, (c) CONDITIONS CONDITION	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION WA	AS PERFORMED	20 YI	a AUTOPSY?	20b. IF YES IN CERTIF YE JRY IN ITEM 18 P	S, WERE FINI FYING CAUS	DINGS L ES OF D NO	EATH
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MEDICAL CERTIFICATION	PART 19a. DA 21a. A OR CO (IF EI 21a. IN WHIRE AT WOR 22a.1	itions, if any, which rise to immediate to immediate to ion, stating the riying couse last. 2. OTHER SIGNIFICANT ATE OF OPERATION COIDENT WAS UNDERLYING INTRIBUTING CAUSE OF DITHER NOTIFY MEDICAL EXAMINITY OF COURRED AT WORK CONTINUE AT WORK CERTIFY THE CONTINUE CAUSE OF DITHER NOTIFY MEDICAL EXAMINITY OF COURRED AT WORK CERTIFY THE CONTINUE CAUSE OF DITHER	DUE TO, (b) DUE TO, (c) DUE TO	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION WA AY YEAR 19 216 ARM, ETC.)	HOW INJURY OF LOCATION STREET 19_of (my) (our) op	CCURRED (AUTOPSY? S NO X ENTER NATURE OF INJU- CITY OR TO OCCURRED On the C	206. IF YES IN CERTIFYE	COUNTY	DINGS L ES OF D NO	STA'
MEDICAL CERTIFICATION	PART 19a. DA 21a. A OR CO (IF EI 21d. IN WHILE AT WODD 22a.1 c	itions, if any, which rise to immediate to its to immediate to its to it	DUE TO, (b) DUE TO, (c) DUE TO	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION WAY YEAR 19 216 ARM. ETC.) 217 216 DEGM	HOW INJURY OF	CCURRED (CITY OR TO	206. IF YES IN CERTIFYE	COUNTY	DINGS L ES OF D NO)	STAT
MEDICAL CERTIFICATION	PART 19a. DA 21a. A OR CO (IF EI 21d. IN WHITE AT WOD 22a. 1 SC 775 5	itions, if any, which rise to immediate (a), stating the rlying couse last. 2. OTHER SIGNIFICANT STEED OPERATION CODENT WAS UNDERLYING NITRIBUTING CAUSE OF DITHER NOTIFY MEDICAL EXAMINUTURY OCCURRED A NOT WHILE AT WORK CERTIFY THE ATT WHILE CERTIFY THE ATT WORK CERTIFY THE ATT WO	DUE TO, (b) DUE TO, (c) DUE TO	OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTING	OPERATION WAY YEAR 19 216 ARM. ETC.) 226	HOW INJURY OF LOCATION STREET 19 OF LOT MAY OF LOCATION STREET 19 OF LOCATION STREET 19 OF LOCATION OF	CCURRED (CITY OR TO	206. IF YES IN CERTIFYE	COUNTY 1983 1983 1983 1983 1983 1983 1983	DINGS L ES OF D NO)	STAT
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71 1 2801 85 48534 VITALION DEPONDED AS A S noit ru venies sales. S1e18 venies to 127 Dumbacted Ex. 101 ou h i to West Mary J. Rolen J. Tax ob. MD AND THE PROPERTY OF THE PARTY O I i-L so year of the solution of the

STATE OF MARYLAND

Secretary U.S. Gov't 6307 McClean Blvd. 21214 Baltimore Dare Lotta Gessler Bertrum 215-05-2631 Virginia Kane (dghtr) 21237 no mantenation to the complete allegations

injury, ar other troumatic

MPORTANT: If Hem 23 is morked or Item 18 shows any

STATE OF MARYLAND

	FOR STATE REGISTRAR		FOF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	0 /		
	1 DECEASED NAME FIRST (TYPE OR PRINT) Charle	MIDDLE	CROOK	Manch 22, 83	26 HOUR		
١	MALE	1. RAGE S. E	08 09 1906	6. AGE IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS			
9	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	USA WI	ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE COUNTY OF DEATH	MD.		
2	Randallstown	11. NAME OF HOSPITAL NURSING HOSPITAL NU	Ben HOSP.	120 USUAL OCCUPATION 12b. KIND OF (1YEF OF WORKING LIFF) INDUSTRY RETIRED - Warehouse A	& P		
)	Maryland Balt	NJY 134 CITY OR JOWN Rockdale	YES NO 1030	3626 KOCKAAIC IERRAC	21207 E		
1	14 FATHER'S NAME Owen	MIODLE Crook	15. MOTHER'S MAIDEN NA.	MIDDLE			
	160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY 213-05-68	NO. 17 INFORMANT Mrs. 31 3626 Rockdal		21207		
The second second second second second	PART I. DEATH WAS CAUSE IMMEDIA Gover rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	OF Obstruction H BUT NOT RELATED TO THE TERM	Runger of Condition Given in Part 100	GS USED		
	OR CONTRIBUTING CAUSE OF DEA	BUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)			
	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E		CITY OR TOWN COUNTY	STATE		
	770. I certify that (I) (this hospi	ital) attended the deceased from	~anch 22/9 83	to march 22, 19 5 7, 11	not (I) (we) lost		

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

Balt 23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3-26-83

Lake View Mem 23d LOCATION
CITY OR TOWN
Sykesville

24 FUNERAL DIRECTOR Loring Byers Funeral Director 150 DAJEREC D. NAME 8728 Liberty Road Randallstown MD. Randallstown.

Charles of the control of the contro French Statement of the Control of the and the second a received of the same of the contract of the same of the contract of the cont Manual Carlo and the second of the second The state of the s 14 35 I x madeliter me 2 me on 12 an addition the state of the

signed by the ottending physicion and campletely filled in by the funeral hen please remove carbanpapers. Pages 1 and 2 should be filed within 72.

marked or Item 18 shows any injury, or ather troumatic event, the medical

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

OR ATTENDING PHYSICIAN: The

retained by the haspital or

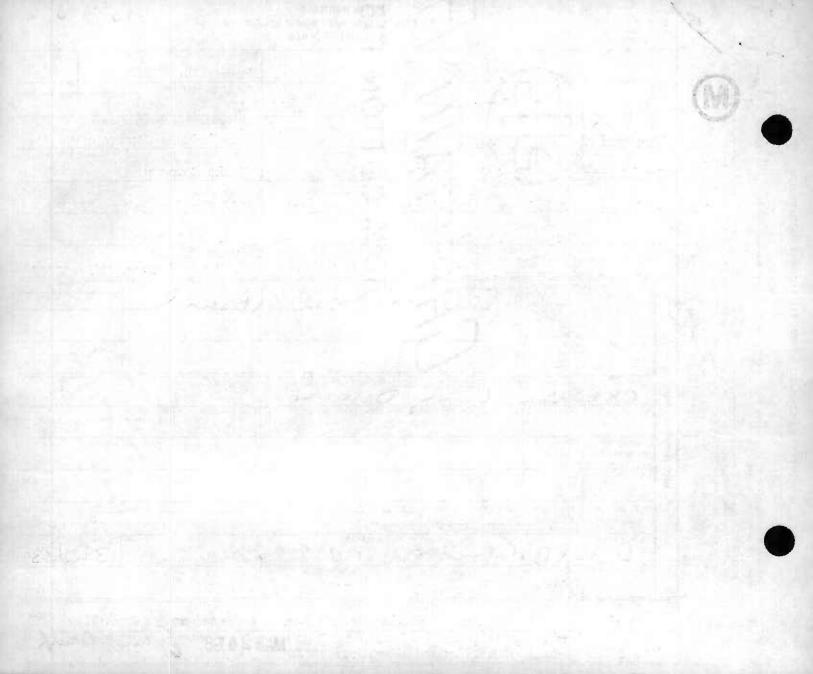
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTM

ENT OF	HEALTH	AND MENTAL	HY
CERTI	FICATE	OF DEATH	

1 01	CEACED MANY					REG. N			
	ECEASED NAME FIRST PE OR PRINT)		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	Robert J. Cul			er		March 22, 1983		33	M
3. SE	X	4. RACE		5. DATE (OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male	Wh.	ite	Janu		68	YRS.	MONTHS DAYS	HOURS MIN.
.70. B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	
M	laruland	U.S.	.A.	WIDOWI		Baltimore County			
	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION 126, KIND OF BUSINESS			F BUSINESS OR
R	Randallstown Meridian Nurs			na Home		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hecht Company			
USU	JAL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		4	.p och vy		
	138 000	timore	Baltimor		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 8007 Shell	1 021 Dx	2222 27	207
-	ATHER'S NAME	conore	Date unoi	e	15. MOTHER'S MAIDEN NAM		ey Di	·10e 21	207
	FIRST	MIDDLE E.7	Ch. 77		FIRST	WIDDLE	0	LAS1	1
16a '	Max Was deceased ever in u.s. a	W. RMED FORCES?	Culler 16b SOCIAL SECU	RITYNO	Marie	B. B.	Beggs		
	(YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)			17 Mill at 2000	Clayton Cu	tter.	147	
H	No		215-09-9		47 Millstone	Ra. Kanaa	lstow		21133
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY:	line for (o), (b), one	dicil.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dr	0	BETWEEN	MATE INTERVAL DNSET AND DEATH
	IMMEDIA	ATE CAUSE (o)	Carino	ma	40217 G	(B) com	X	- 11	
	1390	DUE TO, O	R AS A CONSEQUE	NCE OF					
	Canditians, if any, which								
	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
	underlying couse lost.								
-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	Cheonic Lung Discorp				nouse				
S	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED *	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
						YES NO		ES	NO [
	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	OR CONTRIBUTING CAUSE OF DE	AIR		19					
E E	21d. INJURY OCCURRED	21e PLACE			211. LOCATION	CITY OR TO	2444	COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	SIREEI	CITY OK 10	IVVIN	COUNT	SIAIE
	22a.1 certify that (1) (this hasp	ital) attended th	e deceased from_			, to		19	that (I) (we) lost
	sow the deceosed alive on								
	22b. SIGNATURE	or view me body	otter deoth.		DEGREE			22c. DATE S	SIGNED
	William Recording MA ATTENDING MA				MEDICAL STA	FF CIANI	31	27/23	
	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS			22e. ADDRESS	BIRECTOR PHYSIC	- IAIN	3	2,00	
	Dr. Robe	ont K	roopnick		Liberty Pla	an Mall			
230	RUPLAL CREMATION PENOVAL				EMETERY OR CREMATORY	23d LOCATION			
130	(SPECIFY) Burial				Branch Cem.	Westmins	ton	Carroll	STAND
24 F	UNERAL DIRECTOR T and and	3/24/					De Corn	TDADIS DONO	IND
0	UNERAL DIRECTOR Loring	g byers .	runeral D	rect	ors, inc.	R241983 RAK	THE CO	HAR'S GIGNA	any
0	1728 Liberty Roc	ia nana	ullstown,	Mary	Laria 21105				

BP. DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH 26 HOUR IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH

MONTH Female White To BIRTHPLACE ISTATE OF FOREIGN

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED DIVORCED T

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Baltimore County LITYPE OF WORK FOR MOST OF WORKING LIFE! Homemaker

MIDDLE

13e STREET ADDRESS

12h, KIND OF BUSINESS OR INDUSTRY

21207

14 FATHER'S NAME

No

James

IN CITY OR TOWN OF DEATH

Randallstown

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR DECEASED NAME

MIDDLE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE IO

Raltimore

LAST Miller 66 SOCIAL SECURITY NO

203-20-1983

Katherine 17 INFORMANT Mrs. June Cupp 3920 Southern Cross Drive, Baltimore, MD

1892

Hughes ADDRESS

3920 Southern: Cross Drive

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

Lochearn

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING

(IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOF YES [NOT 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

71d INJURY OCCURRED NOT WHILE

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

STREET

CITY OR TOWN STATE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

saw the deceased alive on abave, (1) (we) (did (did nat) view the body after death 226 SIGNATURE

PHYSICIAN 22e ADDRESS

211 LOCATION

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

and that if (my) our) apinian death accurred an the date and hour and fram the causes stated

224. DATE SIGNED

27d PHYSICIAN'S NAME ITYPE OF PRINT

Burial

m.D 23b. DATE

220.1 certify that (1) this hospital) attended, the deceased from

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

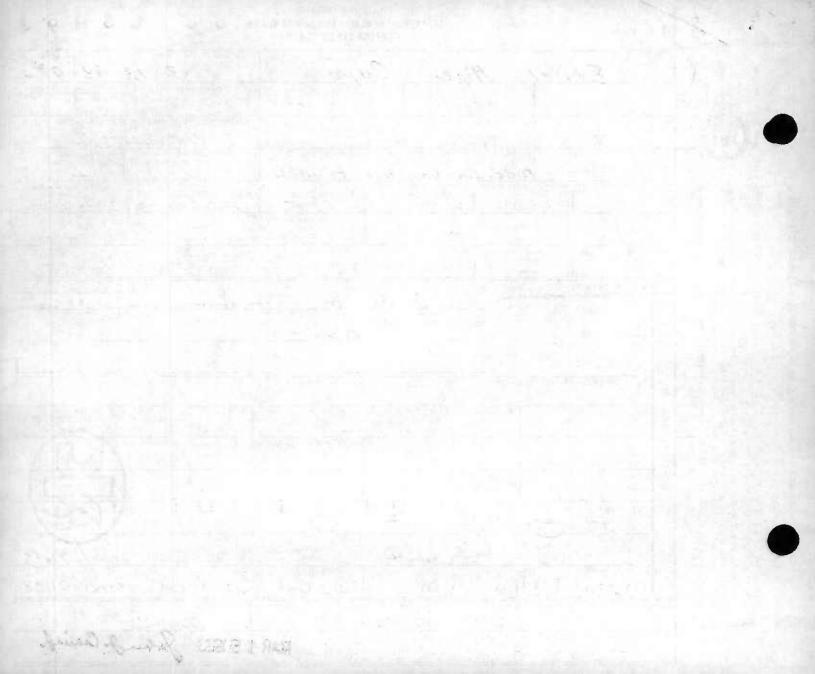
230. BURIAL, CREMATION, REMOVAL (SPECIFY) BP.

CERTIFICATION

00

3/16/83 Loring Byers Funeral Directors, Indian MAR 8728 Liberty Rd., Randallstown, MD

Baltimore National Cem. Baltimore City



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- - - Wil ORALWOOD CONTROL MEDICATION OF THE PROPERTY OF

STATE OF MARYLAND

JE 10. U.S.A. Maryland U.S.A. ultimore Co. Franclar's unre sscrib; ever tros. cli s o733 canville (v. 181t.- c. 212 or, land Militore 2010.5 [] Euls the Fries 215-77-5 to lizabeth lich wet or . 1242 Baltiore, Md. suria1 03/31/63 oly osary alter papers i - 100 furtal ve. 21224

3	tem #11&13e 1 - STATE REGISTRAR	per phone +/22/83 rc	call w/Fun DEPART	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI		6 0	7 2	
e € €	1. DECEASED NAME (TYPE OR PRINT)	FIRST LILLIAN	LAN ROSALIE DAVIS			REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR MADOUL 25 1002			
des	3. SEX	4. RACE	MONTIE	5. DATE OF BIRTH		MARCH 25,198	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female	Whi	te	JULY 7,1899		83 YRS	MONTHS DAYS	HOURS MIN.	
a MAN	To. BIRTHPLACE (STATE OF	FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH			
de of the office	Maryland	USA		WIDOWED D	NORCED	Baltimore Co	unty	MD.	
S offer o	Stoneleigh	SØ:9ori	OF HOSPITAL, NURSIN IN SUCH FACILITY, GIVE STREET Wellington	NG HOME OR OTHER INS ADDRESS) 1 Rd.	STITUTION	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Homemaker			
212 hours	USUAL RESIDENCE (IF NUE			E ADMISSION)	CITY LIMITS?				
NN 22 1	Maryland	Baltimore		_	NO X	130 STREET ADDRESS Wellingt	on Rd.	-21212	
RYL vithin	14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER	'S MAIDEN NAM	MIDDLE	LAST		
AM bed on Cong	Morri				Rosalie	Goodman			
ORE,	160 WAS DECEASED EVE	IN U.S. ARMED FORCE	ES1			ADDRESS			
TIMO S. Pool	No		214-24-	8259 A Stanl	ey Davis	S Same	- 1-	MATE INTERVAL	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs restriction. Out the this certificate has been signed by the ottending physician and completely 1 led in the outset by the barriest remove colonopapers. Pages 1 and 2 should the hand Mental Hygiene prior to burial, cremation, or removal. Orked at Rem 18 shows any injury, or other troumatic event, the medical examines to the control of the	Conditions, if one gave rise to imcause (o), state underlying cause	PART 1. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. Conditions to immediate cause (b) Contributing to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Part 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Source As Contributing to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
AL RECO	190. DATE OF OPERA	ATION 19b. CC	ONDITION FOR WHICH	OPERATION WAS PERFO	ORMED	IN CERTIF	S, WERE FINDING FYING CAUSES (ES		
N OF VITA SICIAN: Ti ng physici certificate miol-transit entol Hygi frem 18 sh	OR CONTRIBUTING	CAUSE OF DEATH HOU	ME OF INJURY R. A.M. MONTH D P.M.	AY YEAR	NJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18.1	PART 1 OR PART 2)		
IVISION OF PHYSIC of PHYSIC of Physics the burion on Americked or the Physics of	21d. INJURY OCCUP	RRED 21e. PL.	ACE OF INJURY ME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211. LOCATI STREE		CITY OR TOWN	COUNTY	STATE	
TTENDIN pitol or TOR: Af for use of for Use of for Use of for Use of for Use of		270.1 certify that (1) (this haspital) attended the deceased from							
PITAL OR A by the hos ERAL DIREC e detached Stote Dept.	226. SIGNATURE								
HOSI bined FUN build b	22d. PHYSICIAN'S N		mis ANO -	17. 22. ADDRE	11	URD Kd. 02	1 L70 .c	21214	
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BP	Cremation	n Mar	ch 26,1983	Greenmount		Baltimore City	y, Maryl		
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Mitchell-Wi	.edefeld Ho	me, Inc. Ba	6500 York E		R 3 1 1983	- ger Car	well	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DAY

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COUNTY

YEAR

IF UNDER I YEAR

INDUSTRY

26 HOUR

HOURS

12h KIND OF BUSINESS OR

NO [

STATE

20 DATE OF DEATH MONTH

(VRA 15, 4)

DHMH - 16 50M 4/82

- STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR Miller Inc-6415 Belair Rd. -21206

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22c DATE SIGNED

20/11/2 1.5.1. X ... ello, ciu a tipo i mosti a lation heating lone and principle and more calm. Des Fill motion minus 1981 215-11-120 ration . weder - 2111 out on 11. 1224 in the contract of the 1002 . Hiller ha-8/1. whit H. -2/201 - STATE

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INDUSTRY Physician Medical 13e. STREET ADDRESS 4616 The Alemeda Prechtel 124345Long Green Pike Harriet D. Hunter Glen Arm, Md. 21057 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (ay) (our) opinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 100 W. Cold Spring Lane Baltimore, Md. 236 BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial March 30,1983 Loudon Park Baltimore City, Maryland 6500 York Rd. 256 DATE REC'D. BY REGISTRAR 256 LEGISTRAR'S GO 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

DEIBEL

REG. NO

MARCH 26,1983

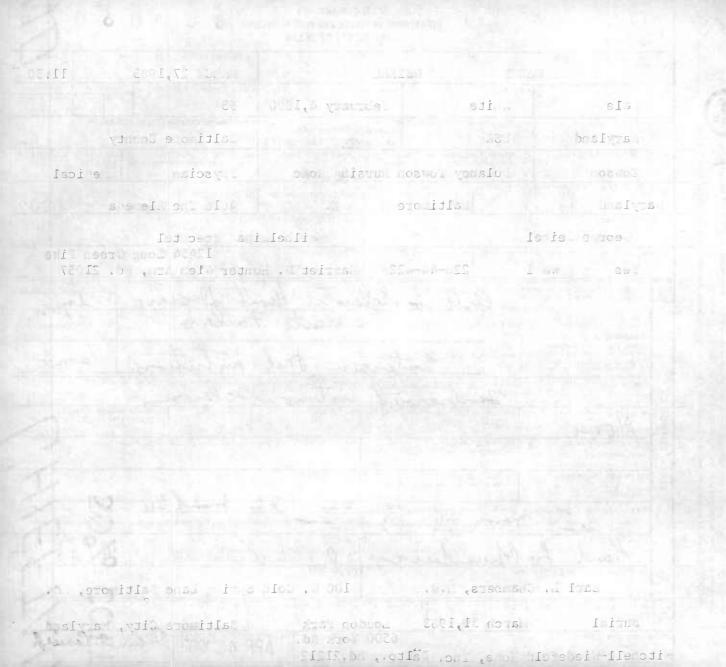
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2a. DATE OF DEATH MONTH



21239 802 MAXALEA CT. LILLIAN R. DELP 802 MAXALEA CT. 21239 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Should be deto MPORTANT: CHARLES ST. TOWSON 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN COUNTY STATE 3/24/83 Cremation Green Mount Balto. Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21204 (VRA 15, 4) MAR 3 0 1083

2b. HOUR

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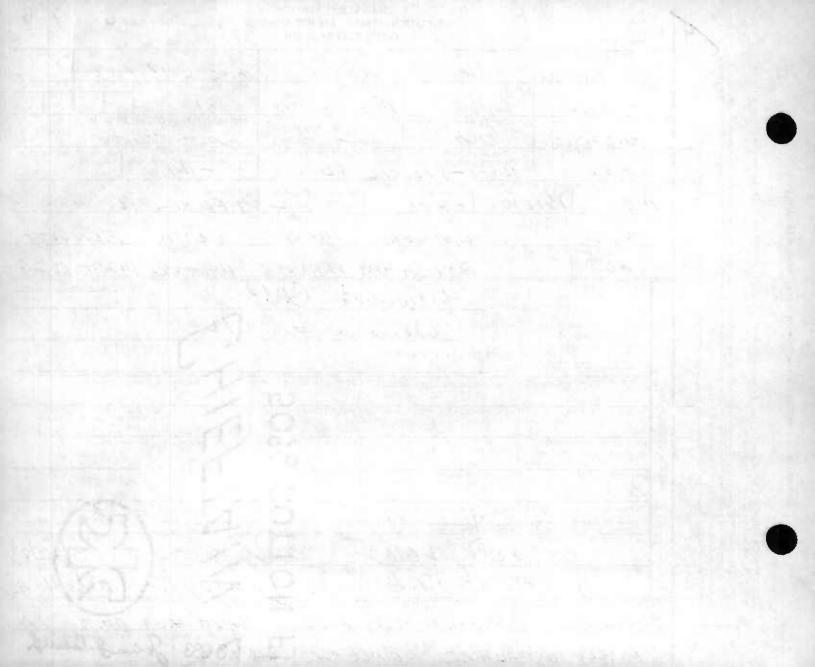
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) EST! PAULINE DeLUCA DEATH MATER 5 FOR YOUR SILL W PRESTON STREET 3. SEX 4. RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE May 14, 1896 86 VBC PRONOUNC F W DEAD Th. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATEOR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy USA Baltimore Co.. WIDOWED X DIVORCED AND 3 TO THE FUN RETAIN PAGE 5 F HOULD BE FILED, W RECORDS, 201 W. 1 M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
St. Joseph Hospital FOR MOST OF WORKING LIFE)
Homemaker OR INDUSTRY Towson USUAL RESIDENCE OF INHURSING MAN OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE NUMBER Its CITY OF TOWN 134 INCIDE CITY CHAITCE 13e SIREET ADDRESS 1527 Greendale Road 21218 Md. Baltimore IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME LATE Giovanna Manfre Rosario Manno 7 INFORMANT 16E WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS LIES, NO. OR UNKNOWNS I UP YES DIVE WAS DEDAMENT Philip J. DeLuca 1527 Greendale Rd. No 051 07 1526 D Ding CAUSE OF DEATH (Enter only one couse per TO MEDICAL EXAMINER: THIS CERTIFICATE STATES OF THE SECURE THE CERTIFICATE, WRITING THE WORD "PENDIO" IN PENCIL IN ITEM 1B. RECUTE THE CREME "PENDIO" IN PENCIL IN ITEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISALTIMORE, MARYDAND 21201 PROFILE. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which 10 gave rise to immediate cause (a) stating the underlying couse last PART 2 OTHER SIGNIFICANT CONTINUES CONTRIBUTING TO DEATH BUT NO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS CERTIFICATION 18s DATE OF OPERATION 26. AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER HATURE OF BUUSBIN HEM IN PART) OR PART) HODE AME MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING LEAUSE OF DEATH 21e PLACE OF INJURY AT HOME, AT WORK AT NOT WHILE 220. I certify that I took charge of the remains described obave, held an Autopsy Inspection Attrident X death resulted fram 7 Natural causes Suicide Homicide ___ Undetermined monner Charles F. O'Donnell EXAMINER'S NAME (TYPE OR PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Md. Entombment 3/21/83 Parkwood Cemetery BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** MITCHELL-WIEDEFELD HOME. INC. (VR A15 ME (5)) 6500 York Rd 15M 2/80

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#	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HI	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH		. NO.	60	7 8
6		EASED NAME FIRST		MIDDLE	ĹA	ST	20. DATE OF DEAT	HONTH	DAY YEAR	2b. HOUR
uneral direction page 3	litre	NANN	E	13.	De	INNIS	MARCH	118,	1983	M
od Land	3. SEX		4. RACE	ITE	S. DATE O	F BIRTH	6. AGE (INYEARS LAS	T BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
direction direct		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CIT		Y OF DEATH	
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filed within	10. CI	Y OR TOWN OF DEATH	11. NAME OF	ICH FACILITY, GIVE STREET	NG HOME O	PL.	120 USUAL OCCUP		12b. KIND O INDUSTRY	F BUSINESS OR
be n	USUA	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR	E ADMISSION)		Lie Cynesy appro	00		. 1000
apla #35	13a. S	13b GO	TO.	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	130. STREET ADDRE		PL. 0	21220
z sno	14. FA	THER'S NAME	12.			15. MOTHER'S MAIDEN NA	AME			
05 ×0 and	13	JOHN	MIDDLE	CHAMA	Fns	MAKY	MIOD	TA	BEN	
		AS DECEASED EVER IN U.S.		16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	AE	DRESS		
Pages	- ()	ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	237-5	4-4735	FRANKIE	HAM	nel	14213RD	RD. 21050
ist permit. Then please remove corb giene prior to burial, cremation, arr shows any injury, ar ather traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	(b)_ DUE TO, (c)_ (c)_ T CONDITIONS (ENCE OF		MINAL DISEASE OR C	20b. 1F Y	ES, WERE FINDING CAUSES	NGS USED
Hygiene 18 shaws	RTIF						YES NO		YES 🗌	NO 🗆
0 £ 8		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUI	KKED (ENTER NATURE OF	INJURY IN ITEM 1	B PART I OR PART 2)	
₹ 5	MEDICAL	21d. INJURY OCCURRED	21e. PLACI	E OF INJURY		211 LOCATION	CITY	ORTOWN	COUNTY	STATE
and ked o	Z	WHILE NOT WHILE AT WORK	(AT HOME, S	STREET, FACTORY, OFFICE,	FARM, ETC.)	1		,		
Dept. of Health and if Hem 21 is marked		22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	7	19_		d that in (my) (our) opinion DEGREE	to	he date and h		
State De		111	Case	www.	100	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN 🗌	3	122/83
shauld be detached with the State Dept.		224. PHYSICIAN'S NAME (TY	LASTA	20, Jr.	MID	805 F	uselas	Ave	Ball	o, Md 2/2
of ₹ ₹	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATI CITY OR TOV	24	COUNTY	STATE
	1	MRIAL	MARC	1121,198	HOLLY	HILL		MARSH	GALTO	1/1/2.
50M 4/B2	24. F	UNERAL DIRECTOR		ADDRESS			ATE REC'D. BY REGIST	RAR ZSB ATG	ISTRAK'S SIGNA	shulf
15, 4)	C	ONNELLV FU	NERAL H	LOME 300	mAG	EAUE	DEI CO MA	10	m-0.	



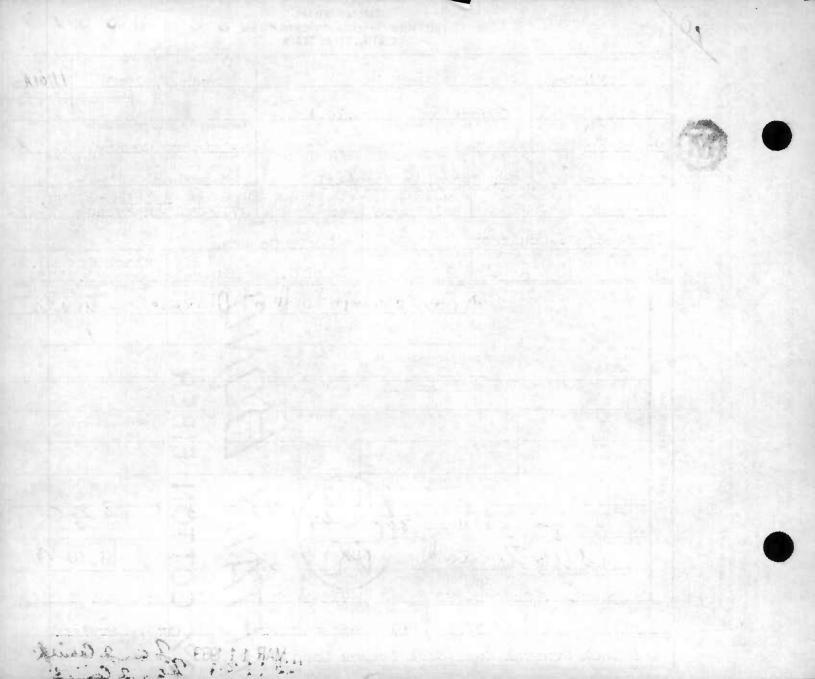
IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical e

may be

>	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLANI MENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIENE 💆 🗳	G. NO.	6 0	7 9
		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEA	TH MONTH DAY	YEAR	2b HOUR
	3. SE)	Miriam	S. De	okin 13. date of Birth	Marc		MDER I YEAR	IF UNDER 24 HRS
			4 KACE	MONTH DAY	YEAR		THS DAYS	HOURS MIN.
6		RTHPLACE (STATE OR FOREIGN	Caucasion 75 CITIZEN OF WHAT COUNTRY?	Nov.10,19		YRS.	DEATH	
À	(COUNTRY)		MARRIED WEVER MAI	RRIED			
J		altimore, MD	IISA 11. NAME OF HOSPITAL, NURSI	WIDOWED DIVO	TION 120. USUAL OCC	ore Coup	12h. KINDO	F BUSINESS OR
4	_	11.	(IF NOT IN SUCH FACILITY, GIVE STREET			MOST OF WORKING LIFE)	INDUSTRY	
(2)	USUA	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		homem			
5	Ma	aryland -	- I3c CITY OR TOV	nore YES X N		RESS Baltim elham Av	ore,	MD. 21213
-	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S M		DLE	IAS	
U			chirmer		e Gossman			
2			IVE WAR OR DATEST	URITY NO. 17 INFORMANT 0-6704 John	g. Depkin.R	664 Blac	k Oal	k Rd.
			only one couse per line fol(o), (b), as		11 -1 0.		APPROXI BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (D) AY ACM	istore 128	BAL Dic	6936	M	ars
	ME	4140	DUE TO, OR AS A CONSEQU	ENICE OF			1/	12.11.11.11.11.11.11.11.11.11.11.11.11.1
	de	Conditions, if any, which	(b)	ENCE OF				
		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF				
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	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 10	
	4710	19a DATE OF OPERATION	TION CONDITION FOR WHICH	OPERATION WAS PERFORM	ED 200 AUTOPSY	20b. IF YES, W	FRE FINDIN	IGS LISED
7	IFIC,	THE DATE OF OFERALION	This condition for which	TOTERATION WASTER ORD		IN CERTIFYIN	G CAUSES	
+	CERTIFICATION	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	ŽIC HOW INJU	YES NO			NO []
7	_	OR CONTRIBUTING CAUSE OF DE		AY YEAR				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION				
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY	ORTOWN	COUNTY	STATE
			pital) attende <u>d</u> the deceased from		19_75, to	3-9, 19.	83	that (I) (we) lost
		saw the eceased alive	of view the body after death.	and that in (my) (au	r) opinion death occurred on	the date and hour or	nd from the	couses stated
		22b. SIGNATUR	1141-	DEGREE			22c DATE	SIGNED
	14	dallo	Mount	M ATTI	NDING MEDICAL	STAFF HYSICIAN [3-11)-47
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS				312 W
		Robert E.	Stoner, MD	714 Y	ork Rd, Bal	timore.	Md.	21204
		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CRE		1	OUNTY	STATE
		2	2/12/02 1	-1 D-3			7	7

DHMH- 16 50M 1/B1 (VRA 15, 4)

BP.



Singleton Funeral Home, Glen Burnie, MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

- STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M I/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

STATE OF MARYLAND

THE RESIDENCE OF SHIP WILLIAM SECTION AND ADDRESS.

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIX

FEBRUARY 27.

5. DATE OF BIRTH

WIDOWED

CROUNSVILLE

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 7h HOUR MARCH 20. 1983 11:16a.M 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS IF UNDER 1 YEAR 1926 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BALTIMORE COUNTY DIVORCED 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MILITARY EAD RYPIETE INSIDE CITY LIMITS? 21220 13e STREET ADDRESS 47 BEECH DRIVE 15. MOTHER'S MAIDEN NAME MURRAY 17 INFORMANT CLIN. RECDS. VA MEDICAL CENTER FT. HOWARD. MD APPROXIMATE INTERVAL CARDIOPULMONARY ARREST 10 MINUTES METASTATIC LUNG CARCINOMA 8 YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NOX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21f LOCATION CITY OR TOWN STATE 3-20 83 and that in (aux) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL 3-20-83 PHYSICIAN | DIRECTOR PHYSICIAN TO V.A.M.C. FORT HOWARD. MARYLAND 21052

> 23c. NAME OF CEMETERY OR CREMATORY CROWNSFILLE

DEGREE

83

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 J. G. CONNELLY (VRA 15, 4)

22e ADDRESS

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		Ŀ	REGISTRAR MAR		VAN		CATE OF DEATH	REG. NO	MONTH & DAY	v v/10 ln. 1	IOUR.
	y be		CEASED NAME	aui _	M.	120	novau	20. DATE OF DEATH	3/2	6/83	S
	E die	3. SE	Х	4 RACE		S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UP	NDER 24 HRS
	9		MALE	WHITE		JUNE	27, 1900	82	YRS.		
	heath. P	1	IRTHPLACE (STATE OR FORI COUNTRY) DELAWARE	U.S.A.	WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O			MD.
5	by the fulled with	1	ITY OR TOWN OF DEATH ANDALLSTOWN	(IF NOT IN SUC	HOSPITAL, NURSING HEACHITY, GIVE STREET AD LAN HEALTH	DRESS)	ROTHER INSTITUTION FER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAK)	WORKING LIFE)	126. KIND OF BUS INDUSTRY OWN HOME	
LAND 2120	filled in ould be	130.	IRYLAND	ME OR OTHER INSTITUTION. COUNTY HOWARD	GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN COLUMBIA		YES NO	130. STREET ADDRESS 5409 LIGHT	NINGVI	EW RÓAD	21045
MARYL	completely ond 2 sh	14. F	JAMES	WIDDLE	QUINN		DELIA	WIDDLE		DONOHUE	
BALTIMORE,	be execut on and co	160.	WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURI 088-07-3		DOLORES CASH	ADDRE	E AS #	13	
201 W. PRESTON ST., B	is that the death certificated by the attending physical please remove corbon paperial, cremation, or remove or or other traumatic event,		Conditions, if any, we gove rise to immed cause (a), stating underlying couse	DUE TO, O which (b) (b) (c) (c)	R AS A CONSEQUEN	ICE OF	SCV.	faction	NITION COMP	LIN DADT I	
DIVISION OF VITAL RECORDS,	N: The law require: hysicion. icate has been signs crossis permit. Then p Hygiene prior to bus B shows ony injury.	CERTIFICATION	190 DATE OF OPERATIO	19b. COND	ITION FOR WHICH O			200. AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDINGS (NG CAUSES OF D	
DIVISION OF V	DING PHYSICIAN, T or ottending physici - After this certificate se as the buriol-transi solth and Mental Hygi marked or Item 18 sh	MEDICAL	OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EXAMINER) P. 210. PLACE		19	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
0	OR ATTEN by hospital Ched for u Ched for u Them 21 is		sow the deceosed	olive on) (did not) view the body	19		d that in (my) (our) opinion of the company of the	death occurred on the do	F _		
	retained by the TO FUNERAL I should be deto with the State I MADDRILL IT:		228. PHYSICIAN'S NAM	ILF50	N		220. ADDRESS 3 50 VW	Rogers	die	e	
			BURIAL, CREMATION, RE				EMETERY OR CREMATORY	23£ LOGATION	CONT LIC	COUNTY	STATE
	BP	24 F	BURIAL UNERAL DIRECTOR	3/30/	83 GA	IL UF	HEAVEN 250. DAT	MT. P:EAS			

(VRA 15, 4)

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the ottending physician and c remove carbanpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

	STA	TE OF M	ARYL	AND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYG

-1		REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.		Mark Control
		CEASED NAME FIRST	MIDDLE		UINSKY	20. DATE OF DEATH MONTH	-83	26. HOUR /2 50 M
	3. SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
]	FEMALE	WHITE	JÜ	LY 4, 1895 YEAR	87 YRS	MONTHS DAYS	HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8.	IED NEVER MARRIED	9. BALTIMORE CITY OR COUN		
3	. 1	MARY LAND	USA		VED XX DIVORCED	BALTIMORE CO	UNTY	MD.
	100€	ITY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF	BUSINESS OR
55	I	RANDALLSTOWN /		E COUNTY G	EN. HOSP.	HOUSEWIFE	AT HO	OME
90	USU. 13a. S	AL RESIDENCE (IF NURSING HOME CO	NTY 13	RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	APT. 410	
2	I	MARYLAND		BALTIMORE	YES X NO	6300 RED CEDA	R PL. #	#21209
aune	14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	LAST	
DC		JOEL	ISAAC	FINE	ÄNNA	MARY	(CAPLAN
00		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT MR	S. FLORENCE COH	EN APT.	410
E L		NO NO	2	215-76-1783	6300 RED CED	AR PLACE BALT.	, MD 21	1209
Sons injury, at other froumone event,	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS CONDITIONS CONTR	Polen O A CONSEQUENCE OF A CONSEQUENCE OF	us dis-	IN CER	tory) 2	GS USED
6		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			R 21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM II	8. PART I OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	19	21f. LOCATION			
0	MEC	WHILE NOT WHILE		ACTORY, OFFICE, FARM. ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
0		228.8 certify that (I) (this hosp	ital) attended the dec	2	-29-10 8	3 - 3-1-	10 82	hot () (we) lost
5		anne also deserved alline a	3-1-	10 8 2	and that in (my) (our) opinion	death accurred on the date and h		
T LI		abave, (I) (we) (did) (did n	ot) view the bady after	deoth.	DEGREE		22c. DATE S	
£		Somol	O HA	THE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-1.	-8-3
NA J		SOON CH U	ORPRINT)	084	Belliners	Country gan	aaOH	behilf
_	23a. (burial, cremation, remova (specify) BURIAL	23b. DATE MAR. 3, 19		CEMETERY OR CREMATORY ISRAEL	BALTIMORE	COUNTYMAR	YLAND"

DHMH - 16 50M 4/82 (VRA 15, 4)

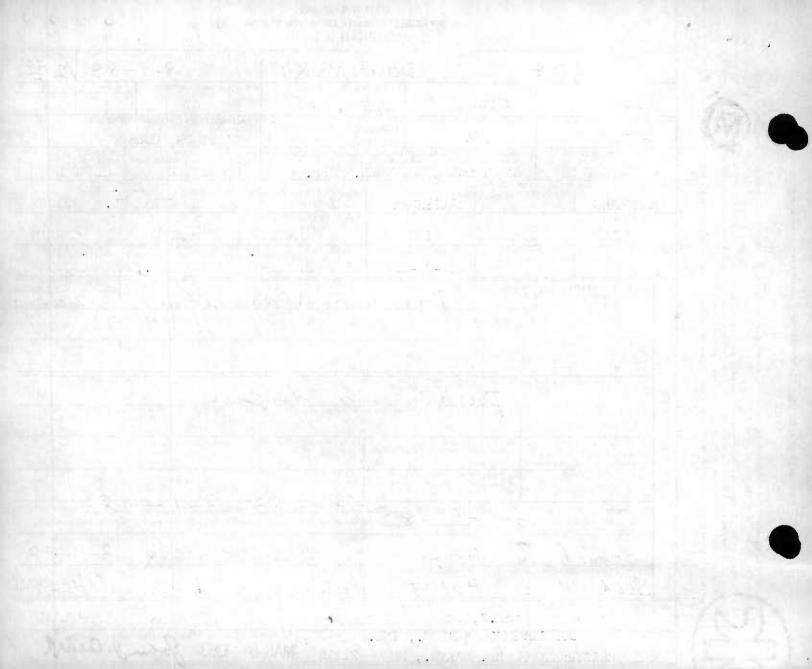
the hospitol

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD.

BALTO.

21215

MAR 8 1983 REGISTRAR'S SIGNATURE

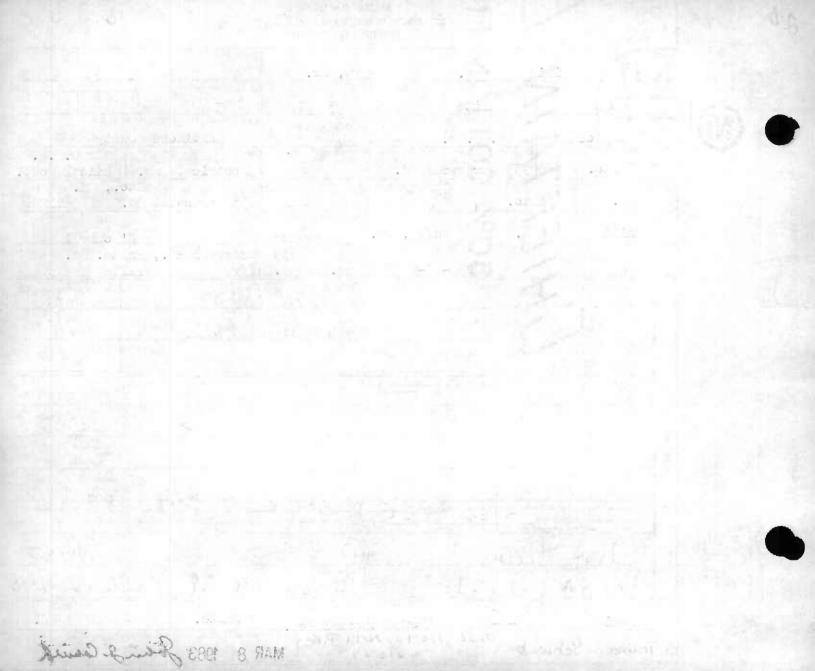


- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MONTH DAY YEAR 2h HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12g USUAL OCCUPATION 120 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrical Eng. Medical Corp. Balto., Md. 33 Bardswell O'Donnell 933 Bardswell Balto. Md. APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE that in (my) (our) opinian deoth accurred an the dote and hour and fram the causes stated 22c. DATE SIGNE PHYSICIAN DIRECTOR PHYSICIAN [COUNTY Belto, Net'l. Pike 250. DATE REC'D. BY REGISTRAR 255 PEGISTRAR'S SIGNATURE 5151 #21229

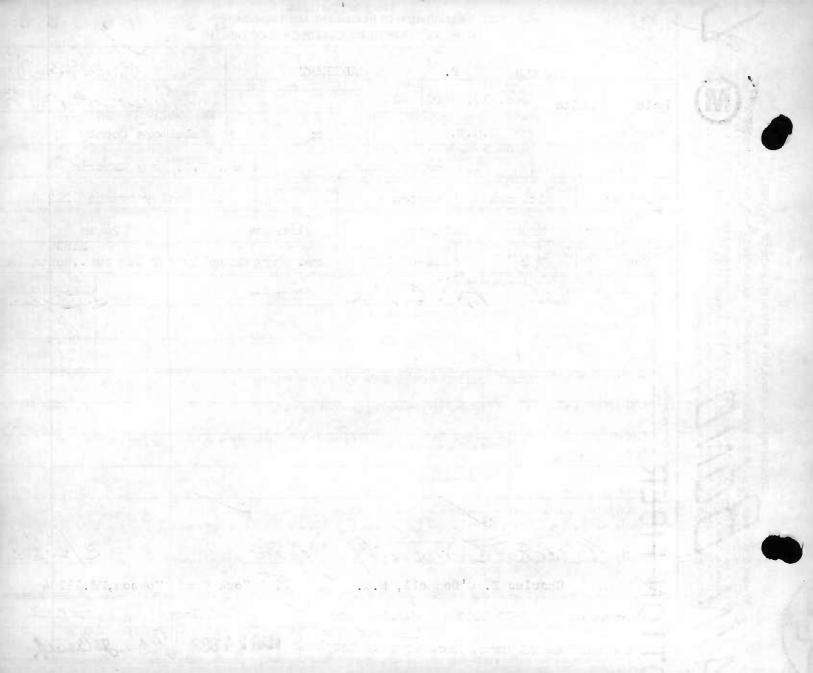
STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED DUKEHART DONALD. 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE DATE OF BIRTH DATE Dec. 16, 1901 Male White 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Mary Land U.S.A. Baltimore County WIDOWED X DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ret. U.S. Army Captain 500 Bosley Avenue Towson JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 500 Bosley Avenue 13b COUNTY 13c. CITY OR TOWN 21204 Towson Maryland Baltimore NO K 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDOLE Florence Thomas Power Krebs Dukehart ADDRESS 21629 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO, OR UNKNOWN) Mrs. Mary Connelly 107 5th Ave., Denton, Md 216-07-1921 18 CAUSE OF DEATH (Enter only one couse per (o), (b), god (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T I a ED AS A HEALTH 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . DED TO THE CHEST SHOULD BE U SEC. TO 81 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, III. LOCATION 21d INJURY OCCURRED STREET FACTORY FARM FTC I CITY OR TOWN COUNTY L DIRECTOR: PAGE 3 WHILE AT WORK 22a. I certify that I took charge of the remains described above, held are ond in my opinion Autopsy Inspection death resulted from Moturol conses Homicide Undetermined monner EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA Charles F. O'Donnell, M.D. York Road Towson, Md. 21204 23c. NAME OF CEMETERY OR CREM 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE Baltimore Maryland Loudon Park 3-23-1983 Cremation 1050 York Road 250. DAJE REC'D. BY REGISTRAR 25 PEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Ruck Towson Funeral Home, Inc. Towson, Maryland (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO).			
V		CEASED NAME	FIRST		WIDDLE		AST		20. DATE OF D	EATH A	HTMON	DAY YEAR	2b. H	OUR
7			MARY		HILDA		UNBAR		X Mar	26.	30,1	983		35 AM
	3. SEX	Female		4 RACE Whi	te	S. DATE C		1899	6. AGE (IN YEAR 83	S LAST BIRTH	YRS.	MONTHS DAY		DER 24 HRS
1		RTHPLACE ISTATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED (3)	9 BALTIMORE Ba	AL CONTRACT	re Count			MD.
Ò	6a	tonsville		Shady	HOSPITAL, NURSING HFACILITY, GIVE STREET A Nook Nurs	sing		TUTION	120 USUAL OC (TYPE OF WORK FO Seamt)	OR MOST OF				INESS OR
5	Ma Ma	AL RESIDENCE (IF NUR.	13b COUN Bal	OTHER INSTITUTION, NTY Cimore	GIVE RESIDENCE BEFORE 13 CITY OR TOWN Catonsv:	ille		NO 📑	136 STREET AD		lell F	Road	212	28
X	14 FA	Clement		MIDDLE A.	Dunba	ar	Maria	Emily		WIDDLE		i	Morg	an
1	16a W	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	212-10-4		Dayid 5021	A. Dur Freder	nbar ick Aver	ADDRES		1229		
	×	18 CAUSE OF DEAT PART I. DEATH W		nly one couse per D BY. TE CAUSE (o)	Cardio	-/2/	nonung	Arre	1			APPROBETWEE	NONSET	NTERVAL NND DEATH
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		gave rise to improve couse (a), statist underlying cause	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF								
	NO	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE (DR COND	ITION GIV	EN IN PART	1(0)	
)	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPS	SY?		S, WERE FIND FYING CAUSE S	S OF DE	
7		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN)	URY OCCURR	RED (ENTER NATUR	RE OF INJURY	IN ITEM 18, P	PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCUR	RED HILE D	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATIO STREET	N	c	ITY OR FOWN	7	COUNTY		STATE
		sow the deceas	ed alive an		e deceased from		22 nd that in (my) (, 19 3	death occurred o	on the dot	te and hou	or ond from the		
		22b. SIGNATURE	1 R	m		, Zer		TENDING HYSICIAN Z	MEDICAL DIRECTOR	STAFF PHYSICI	F IAN 🗌	22c. DA1	20	-53
		Davia,	AME (TYPE O	MUSES	man 14	eD.	17e ADDRESS	been	es Av	. B	rpa	tas		
	23a B	SURIAL, CREMATION, SPECIFY) Cremat		23b. DATE 3/30/8			Park C		ry Bal	own timor	re	COUNTY	Mar	yland
		JNERAL DIRECTOR NAME 1bbard Fun	era1	Home, In	nc. 4107 V	Wilke	21229 ns Ave.	APF	E REC'D. BY REC	BISTRAR 2	Sh REGIST	TRAR'S SIGN	ALURE .	4

DHMH - 16 50M 7/77 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	Section of the			
Andrew Crost 31				

- STATE

(TYPE OR PRINT)

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR 1. DECEASED NAME

126. KIND OF BUSINESS OR & TYPE OF WORK FOR MOST OF WORKING LIFE! Bottling 34 Cedar Knoll Rd. 21030 LAST Baur 17. INFORMANT Cockeysville RESMaryland 21030 Mrs. Elouise E. Engel 34 Cedar Knoll Rd. OR AS A CONSEQUENCE OF COrdiovascular Disease 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Phoenix, Maryland 21131 Manor Prof. Bldg. 3421 Sweetair Rd. Timonium, Balto. Co., Md. 24 FUNERAL DIRECTOR Martin D. Lawson, 10 W. Padonia Rd. Timonius

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

MONTH

2h. HOUR

1983

IF UNDER 1 YEAR

SHOIL FOR THE SHOPE SHOP .bm.co.'3, '14 Arl salman to t tig to cry will at act a color will be able to a calciut to a sugar is a plane a saltionore process and a saltion at the saltion at 1950 and who are larger to be larger to be less than the larger than the same of the larger than th Tall IS awales and , singer-The Barbara and the second of and the second second Bankling and two many to be a state of the contract of the con

.C.	XX	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 5 0 6 0 9 3 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	ay be oge 3 death	DECEASED NAME FIRST MARGARET G. ENGLE 20 DATE OF DEATH MONTH DAY YEAR 7:40A
	ge 4 may	SEX 4. RACE S. DATE OF BIRTH NONTH 10 DAY 25 YEAR 18 (IN YEARS LAST BIRTHDAY) IF UNDER 14 HER MONTHS DAYS HOURS MIN.
	or P. P.	BIRTHPLACE (STATE ORFOREIGN OF WHAT COUNTRY? & SINGLE OUNTRY) COUNTRY) Baltimore County OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County WIDOWED DIVORCED
101	by the fulled with	ECITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Meridian Nursing Ctr. — Heritage 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary 12. KIND OF BUSINESS O INDUSTRY Education
MARYLAND 2120	filled in nould be	SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN Baltimore 136. INSIDE CLEY LIMITS? YES NO 301 MC MECHEN ST. #708-21217
MARYL	ompletely on 2 sk	Charles Engle Sarah MIDDLE Keit
BALTIMORE,	on and construction of the second construction o	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, INDORUNKNOWN) I IF YES, GIVE WAR OR DATES) Raymond L. Engle 522 Penny Lane 21030
, 201 W. PRESTON ST.,	quires that the death certificate signed by the attending physici hen please remove carbanpapet to burial, cremation, or removal. highly, or other fraumatic event, the	Conditions, if ony, which gove rise to immediate cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
AL RECORDS	in. has been permit. I the prior iws any in	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INVERTIGATE 18 PART 1 OR PART 2)
DIVISION OF VITAL	TENDING PHYSICIA ital or attending p TOR: After this certif or use os the burial- of Health and Mental Its marked or them	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF I
	HOSPITAL OR A sined by the hos FUNERAL DIREC and be detached in the State Dept.	DEGREE ATTENDING MEDICAL STAFF 3/3/83 The Physician's NAME (TYPE OF PRINT) Dr. Theodore Patterson
	PP	Burial, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY Burial 3-5-1983 Lorraine Park 23d LOCATION Baltimore Company Lorraine Park
	DHMH - 16 50M 4/82 (VRA 15, 4)	RUCK TOWSON FUNERAL HOME, 1050 FYORK RD. 250 DATE REC'D. BY REGISTRAR'S CONATURE MAR 7 1983

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MPORTANT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME stremsku-stremski 20. DATE OF DEATH MONTH 25 HOUR STANLEY FRANK SANKAKKE . MARCH 20, 1983 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MALE SEPTEMBER 6,1893 89 WHITE TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. POLAND BALTIMORE COUNTY WIDOWED TE DIVORCED | O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR ivil Service FORT HOWARD WAMC, FORT HOWARD, MARYLAND

SUAL RESIDENCE (IF NURSING H OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN MARYLAND BALTIMORE

134 INSIDE CITY LIMITS? 724 S. PONCA STREET 15 MOTHER'S MAIDEN NAME

Marcella

LAST

60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO.

MIDDLE

ADDRESS

YES	WW I	218 22 0443	CLINICAL	RECORD,	VAMC,	FORT	HOWARD,	MARYLA
RECAUSE OF DEATH W. 1924 Conditions, if ony, gove rise to imm cause 101, stating underlying cause	which (b)	Ine for (a), (b), and (c) CARDIOPULMONAR R AS A CONSEQUENCE OF TAPHYLOCOCCAL R AS A CONSEQUENCE OF					APPROXIMEN OF MILINUT	
PART 2 OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISE	ASE OR CON	IDITION GI	VEN IN PART TIO	1
19a DATE OF OPERAT	ION 198 CONDI	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AT	UTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES (ES	GS USED OF DEATH?
210. ACCIDENT WAS UND	ERLYING 215 TIME O	F INJURY	21c HOW INJURY C	OCCURRED (ENTER	R NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)	

MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE

21f. LOCATION

CITY OR TOWN

ATTENDING

COUNTY STATE

3/20/83

220.1 certify that (this hospital) attended the deceased from MARCH MARCH 20 sow the deceased alive on MARCH 20 ond that in (ps) (our) opinion death occurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MARCIA GOOD. M.D.

V.A.M.C., FORT HOWARD, MARYLAND

STAFF

23a BURIAL, CREMATION, REMOVAL

St. Starislaus

24 FUNERAL DIRECTOR

4 FATHER'S NAME

Samuel

harles S. Zeiler & Son Inc. 6224 Eastern Ave.

250 DATE REC'D, BY REGIS

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

BP.

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THE THE STATE OF THE STATE OF THE SO, 1903 THE PROPERTY OF THE end de des la martin de la companya 771 E. PORCA STREET A CONTRACTOR OF THE CONTRACTOR stannell whensake Will the sale and entry at the cast access, that, access accesses, captured SECTION CANADAM SECTION SECTION with 3-21-33 The watermes which with Proplet S. Peiler & Son Inc. 1224 Fasters Vs. MAR 23883 Jacobs Chile FOR

REGISTRAR

- STATE

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Auto Sauem wood Burger Mrs Ann Marie Vogel 9127 Avondale Rd 21234 PROBABLE MULTIPLE EMBOLIC S/TROKES BETWEEN ONSET AND DEATH STrokes 3 weeks PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 (SMALL CELL CARCINAMA OF LUNG) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (que) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED (SPECIPUrial 3/17/83 New Cathedral Baltimore 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Leonard J Ruck Inc. Baltimore, Maryland (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

4-83

IF UNDER I YEAR

INDUSTRY

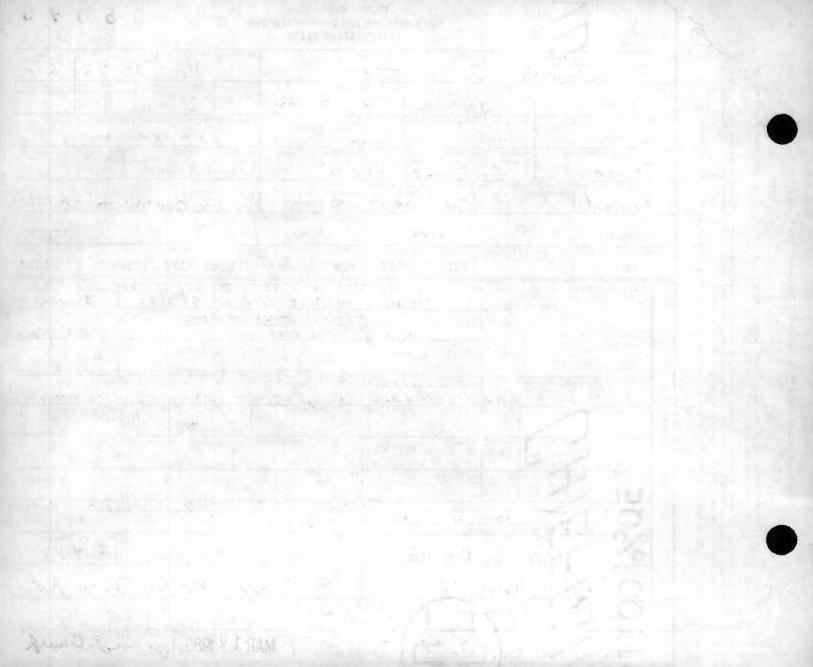
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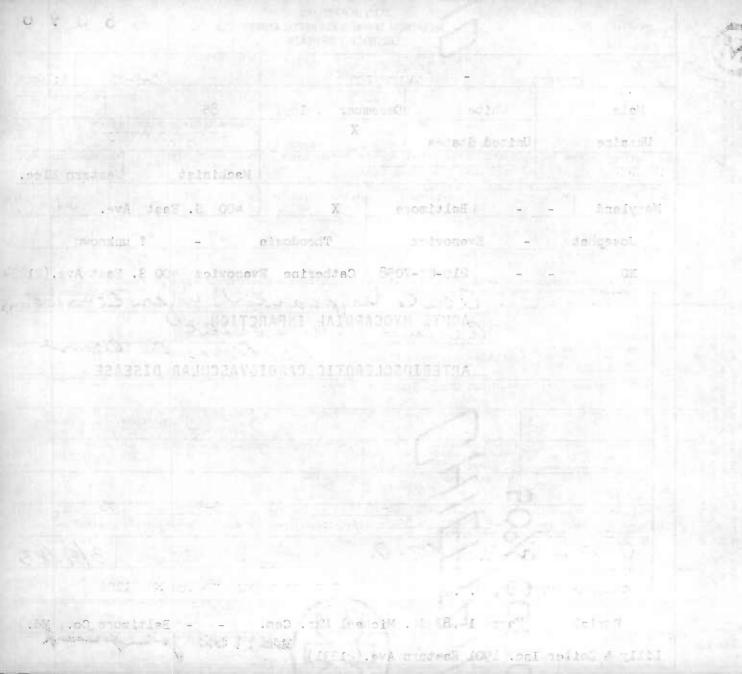
IF UNDER 24 HRS

HOURS.

12h, KIND OF BUSINESS OR



0		1.	FOR STATE			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	GIENE 8	Û	6 (96
W			REGISTRAR			N. 1		ICATE OF DEATH		G. NO.	MOLITER DE	
			CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	2h HOUR
d deg			G)	EORGE		- EV	ANOVI				-83	1:10pmm
mo frer p		3. SE	Х		RACE		S. DATE O	DAY YEAR	6 AGE (IN YEARS LA	T BIRTHDAY)	MONTHS DAYS	
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nu Z	9/		Ukraine		United		WIDOWI	DIVORCED	DALII	MORE CO	JUNII	MD.
he fu	to of		TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCU			OF BUSINESS OR
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hau d in	be	USU 130.	AL RESIDENCE (IF NURSI	GHOME OR C	OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRE	SS		212211
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2 sh	in e	14. E/	THER'S NAME			LAST		15 MOTHER'S MAIDEN NA	ME			
and	もつの		Josephat	~	- F	Evanovicz		Theodosia	MIDD	_	unknow	nst Tn
20 00	00		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		DDRESS	GETTELTON	M
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cion ers.	the	-		L.C.			0,0	OG UNCIZEDE I	- TORIOTECE	100 0		XIMATE INTERVAL ONSET AND DEATH
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cor cor	noti				DUE TO,	man yebhistoul	heester !	aller S	1			
offe	fraumat	. 13	Conditions, if any, gove rise to imm		(b)_	rarin				/)	2:0-	-
the rem	her	- 10	couse (a), stating	the	DUE TO, C	R AS A CONSEQUE	NCE OF	Cai	disna	all	00	12.
d by ease al, c	ar at	- 1	underlying couse	lost.	(c)	ARTERIO	DSCLE	ROTIC CARD	LOVASCUL	AR DIS	EASE	
signe hen pl	jury, o	z	PART 2. OTHER SIGN	IFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR C	ONDITION GIV	VEN IN PART 1	(0)
nif. T	2	CERTIFICATION	19s. DATE OF OPERAT	ION	19h. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
nos b	3	F	100000		M 1774				YES NO	_	FYING CAUSE	S OF DEATH?
cate h	S.	ERI	21g. ACCIDENT WAS UND	ERLYING 🖂	21b. TIME C	OF INJURY	-	21c. HOW INJURY OCCUR				
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ding ph is certifi burial-ti Mental	Hem	WEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR		_	.M. OF INJURY	19	21f LOCATION				
this he b	10 0	M M				REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
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of for	2	1115	sow the decease obovex() (we) (d	d olive on_	3-9	ofter death.	33 <u> </u>	nd that in My) (our) opinion	death accurred on t	ie date and hai	ur and from th	e couses stated
haspir IRECT hed for ept. of	Hea		22b. SPIANIPE				0	DEGREE			22c. DAT	ESIGNED
RAL DI detacl	-		446	ar	nc	:0 KR	. //-	ATTENDING PHYSICIAN		STAFF YSICIAN []	131	19/83
114 61 10	Z-		22d. PHYSICIAN'S NA					22e. ADDRESS	2 DIRECTOR LL TIL	TOICIAN E	1-1	113/
should be	MPORTAN		GRACITO	PATR	ICIO, M	M.D.		7620 YORK	ROAD TOWS	ON MD 2	21204	
sho 10	<u>\$</u>	230.	BURIAL, CREMATION, I	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
			(SPECIFY) Burial			14.83 St	. Mic	hael Ukr. Cem	CITY OR TOW	Balt	imore C	o., Md.
		24 F	UNERAL DIRECTOR		1	,			E RECTO. BILLEGIST			
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(VRA 15, 4)			TATA OF TIET	TC1 T	110. 17	T Day cel.	n Ave	· (CTC)T)		3.1		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		CEASED NAME OR PRINT)	FIRST		MIDDLE	EYS1	rer	20. DATE O			YEAR B 3	26. HOUR 2004M
	3. SEX	MALE		A. RACE		5. DATE O		6. AGE (IN)	EARS LAST BIRTHDAY)	MONTHS	R I YEAR DAYS	IF UNDER 24 HRS
う	Maryland 10. CITY OR TOWN OF DEATH TOWSON USUAL RESIDENCE (IF NURSING HE 130 Maryland 14. FATHER'S NAME		FOREIGN	U.S.A		MARRIED WIDOWE	NEVER MARRIED		RECITY OR CO			MD
6			ATH	LIF NOT IN SUC	H FACILITY GIVE		I TAL		OCCUPATION K FOR MOST OF WORK Capta	CING LIFE) IND		BUSINESS OR
			13 Balt	other institution TY Imore	136. CITY OR TOWS		13d INSIDE CITY LIMITS?	13e. STREET	Range R	oad 2	1204	Z mil
1		THER'S NAME Hurbia	Stal	Iman	Eŷ	ster	15. MOTHER'S MAIDEN N		viola	un	know	n
		AS DECEASED EVER		AED FORCES? 2 AR OR DATES)		0-7708	Mrs. Kather	rine C.	Eyster	457 Ra		1204 Road
	NO	Conditions, if ony gove rise to improve (o), statis underlying couse	, which mediate and the last.	(c)	R AS A CONS	SEQUENCE OF	STOI AT				PART Iro	
	CERTIFICATION	190. DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTO	NO 20b.	IF YES, WERE CERTIFYING (YES [FINDING CAUSES	GS USED OF DEATH? NO
	MEDICAL CER	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 216. INJURY OCCUR WHILE NOT WI AT WORK AT WO	CAUSE OF DEA' ICAL EXAMINER) RED HILE	P. 21e PLACE (AT HOME, STE	M. MONTH M. OF INJURY REET, FACTORY, O	FFICE, FARM. ETC.)	21f. LOCATION STREET		TURE OF INJURY IN ITE	co	UNTY	STATE
		220. I certify that (I) 22b. SIGNATURE	1	We the topole		.19, or		m death occurre	STAFF PHYSICIAN	nd hour and t	rom the c	
		22d PHYSICIAN'S N	1 10	20	Boy	75	JP QA		er i	Dis	2,	1500
	23a. 8	URIAL, CREMATION, SPECIFY) Gremat	REMOVAL	4-1-1	983	23t. NAME OF C	EMETERY OR CREMATORY	y 23d. LOC.	ation or town ltimore	COUN		yland

DHMH - 16 50M 4/B2

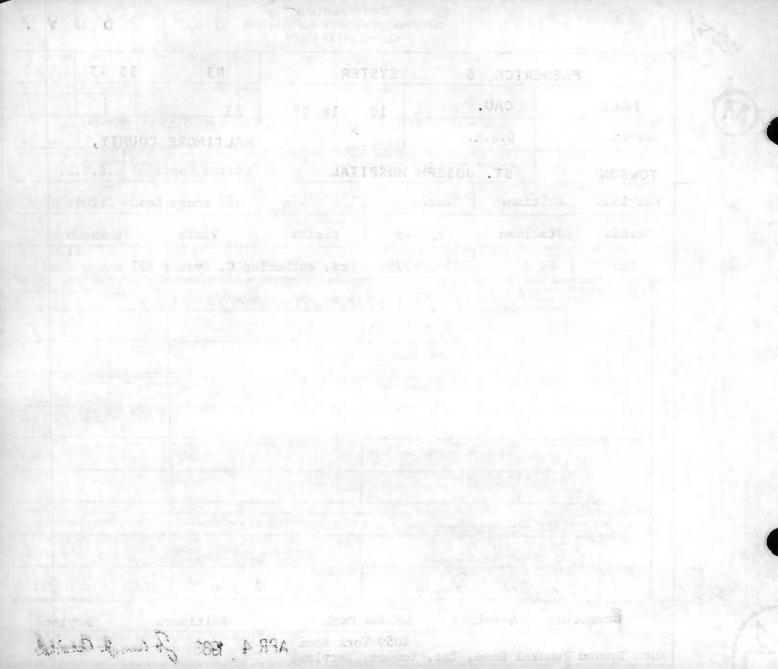
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(VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Maryland

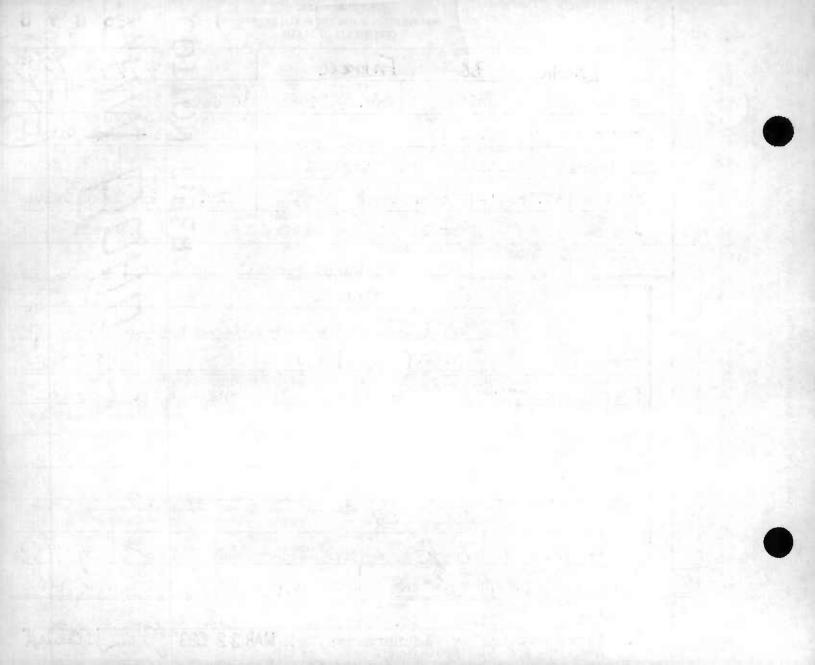
FOR

1050 York Road APR 4 1983



24 FUNDALE CTarke Mattingley ** Leonardtown, Md

DHMH - 16 50M 1/76 (VR A 15 (4)) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 2a. DATE OF DEATH MONTH 26. HOUR TYPE OR PRINTI ELIZABETT IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED COUNTRY BALTO, COUNT DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OSSVILLE HSWE MANGE CARE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS ESSEX BRUNS WICK NO TO YES T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DEB 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ABOVE NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Car dieres DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 190. DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO T 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 10 P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET NOT WHILE AT WORK 22a. | certify that (1) (this haspital) attended the deceased from_ sow the deceased alives 3. 6. abave (1) we) (did) (did not view the body after death. and that in (ny) (aur) apinion death accurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED

226. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF PRINT)

236 DATE

22e. ADDRESS

HILL

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

PHYSICIAN

BP DHMH - 16 50M 4/82 (VRA 15, 4)

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MPORTANT

hould b

24. FUNERAL DIRECTOR CONNELLY

23a BURIAL, CREMATION, REMOVAL

300 MACE

HOLL

HAROUN

MEDICAL

DIRECTOR PHYSICIAN

3d LOCATION

STAFF

ISTRAR 256 REGISTRAR'S SIGNATURE

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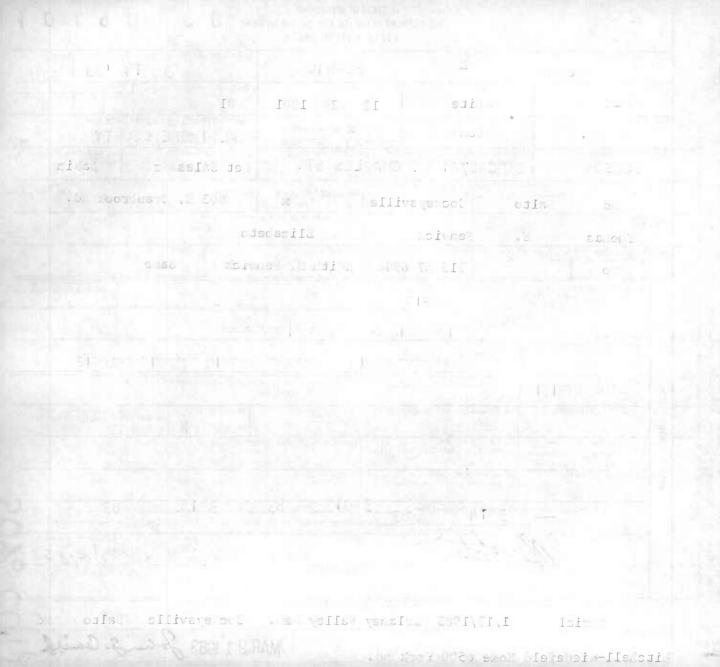
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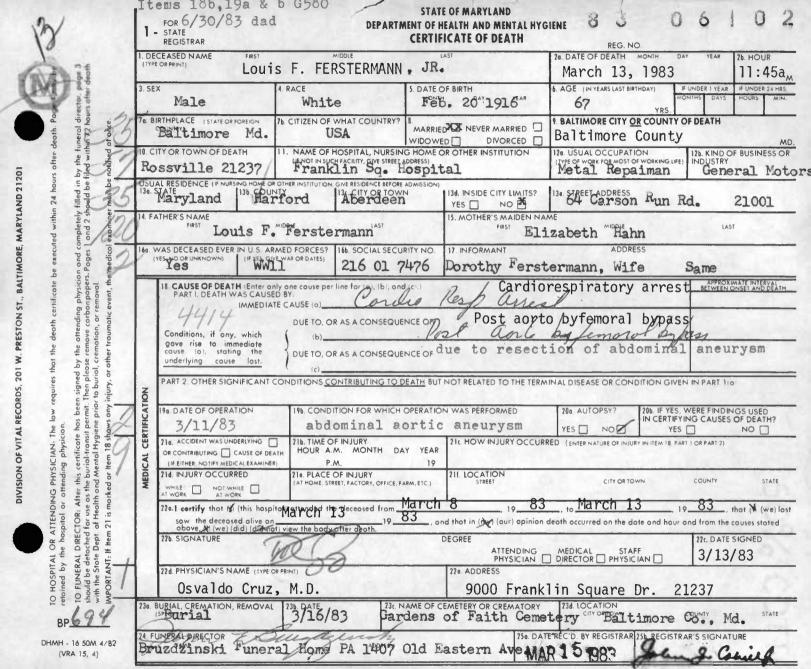
7	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	6100
may be poge 3		CEASED NAME FIRST OR PRINT)	MIDDLE DERTRUT	E LORETTA 15. DATE OF BIRTH	20. DATE OF DEATH MONTH 8 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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quires that the death certif signed by the attending p hen please remove carbon to burial, cremation, or rem njury, or other traumotic eve	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ince of The Thems		
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TO HOSPITAL TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME (TYPE OF	SHAW mo		MONDSON AU	E/
BP		BURIAL CREMATION, REMOVAL	3-15-83 F	T. LIN COLN CO	M. CITY OR TOWN	Dog co. MD.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	TOPELEY F.H.	6601 FRED.	AVE.	MAR 2 1 1983	TRAR'S SIGNATURE

TO A STATE OF THE PARTY OF A STATE OF THE PARTY OF THE PA ALLED A LACE FOR SHE SHAME IN HAR STINGS JACK SCHOOL

(VRA 15, 4)

	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MEN FICATE OF DEA	ITAL HYGI	ENE 8 3	0	6 1	0 1
		CEASED NAME E OR PRINT)	JOHN	A	L		FENWICK		20. DATE OF DEATH	3 14	1 83	26. HOUR 5 : 50 A
	3. SE	× MALE		RACE Wh:	ite	5. DATE	OF BIRTH 26 1	96°1	6 AGE (IN YEARS LAST BIF	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
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35	13a. S	AL RESIDENCE (IF NURS STATE Md	136 COUNT Bal	ſΥ	13c. CITY OR		13d. INSIDE CITY			Cranbr	ook Rd	2103
30 Exomine	14 F/	Thomas		DDLE E.	Fenwic	k	15. MOTHER'S MA	izabe	th MIDDLE		LAST	
the medical		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		5 6986	Edith M	. Fen	wick S	Same		
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arked or	MED	216. INJURY OCCURI	HILE		EET, FACTORY, OF	FFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
n ZI is mo		22a. I certify that (I) sow the decease above, (I) (we) (c				83 , s		19 <u>83</u> r) opinion d	eath accurred on the d		and from the c	
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-		BURIAL, CREMATION, (SPECIFY) Buri		236 DATE 3/17	/1983		CEMETERY OR CREATE 1	Mem.	Cockeysvi	_	Balto	Md
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-105	FATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	DDLE	Harris	
-	ee Was decease	D EVER IN U.S. AR	R.	Barger	Y NO.	Laura 17. INFORMANT		ADDRESS	Harris	
1	(YES, NO, OR UNKNO	OWN) (IF YES, GIVI	E WAR OR DATES)	218-40-7		Christo	pher F. Fi	nn, 100 C	Greenme	adow
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OF HEALTH AND MENTAL HYGIENE, DIVISION OF RIAL, CREMATION, OR REMOVAL.	gave r couse (o lying co		DUE TO, OR	AS A CONSEQUENCE	5.0	er 7	Jene		3-1	10
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BALTIMORE, MARYLAND, 21201	22a I cert	tify that I took char	rge af the remains des	Accident , S	Autop	hamicide Hamicide (SPECIFY)	tion in Inquiry Undetermined mo	DAT	3/19	ba
TIW -	EXAMINER'S (TYPE OR PR	NAME Ch	arles F.	O'Donnell			01 York Re	d., Tows	on, Md.	21204
230	(SPECIFY)	ATION, REMOVAL	3/24/83	23c. NAME OF CE		r CREMATORY Lemorial	23d. LOCATION CITY OR TOWN Catonsy	rille Ba	ounty.	Md.
24	Crem:		1- (X)	Park		MAR	E RICH BUSISTRA			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/B2 (VRA 15, 4)

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B	AYLOR	FITZ	WATER			(03	02	83		Рм
ACE		S. DATE O		YEAR	6 AGE (IN	EARS LAST BIRTH	DAY	MONTHS	RIYEAR	IF UNDER 2	4 HRS
WH	ITE	10	10	03		79	YRS.	MO/41113	DATS	HOOKS	Willed.
	WHAT COUNTRY?		NEVER A	_		LT IMOI					
	S.A. HOSPITAL, NURSIN	WIDOWE		VORCED [12a USUAL	OCCUPATIO	N	12b.	KINDO	F BUSINES	MD.
	A MAPLE D		21220			IBLYMA			LENN	L.	
MORE	GIVE RESIDENCE BEFORE 13(. CITY OR TOWN ESSEX		13d. INSIDE C	NO 🔀	-	ADDRESS MAPLE	DRIV	E,	2122	MART: 0	_N
ROE	FITZWATE	ER .		SADORE	WE	MIDDLE		SH	IOEMA		
FORCES? FOR DATES)	216-10-		GLOR:	IA A. B	IEBL	ADDRES		DR	IVE,	2122	20
DUE TO, O	R AS A CONSEQUE	NCE OF	ofic	Condi	ovaç	cula	n Di	\$192	e e e e e e e e e e e e e e e e e e e	Y E	EATH MC
	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	NAL DISEAS		TONG!	ENINI	PART 110	anpe	8
	ITION FOR WHICH	OPERATION	N WAS PERFO	PRMED	20a AUTO	3 (- 0		FYING (GS USED OF DEATH	
	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERN)	ATURE OF INJURY	IN ITEM 18	PART I OR	PART 2)		
21e PLACE			21f LOCATIO			CITY OR TOW	IN .	co	YTAU	51	ATE
ottended th	e deceased fram	Juga.	d that in (my)	19 Da	deoth occurre	reco	e ond hou	19		سرار (l) that	
w the bady	after death.	Δ	DEGREE	, , , , , , , , , , , , , , , , , , , ,			3.0.100			IGNED/	

18 CAUSE OF DEATH (Enter only one cause IMMEDIATE CAUSE (C or other troum Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIELCANT CONDITION CERTIFICATION prior and Mental Hygiene 210. ACCIDENT WAS UNDERLYING 18 OR CONTRIBUTING CAUSE OF DEATH If Rem 21 is morked or Item (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED ould be detached for use os the State Dept. of Health 22a. I certify that (I) (the nospital) offende sow the deceased alive on February obave, (1) (we) (and) (did nat) view the b

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

MALE

ESSEX

14. FATHER'S NAME

13n. STATE

To BIRTHPLACE (STATE OR FOREIGN

VIRGINIA 10 CITY OR TOWN OF DEATH

MARYLAND

(YES, NO OR UNKNOWN) NO

GEORGE

3. SEX

AMOS

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITU

160 WAS DECEASED EVER IN U.S. ARMED FORCE

13b. COUNTY BALTIMOR

4 RACE

76 CITIZEN

11. NAME (IF NOT I

MIDDLE

MONROE

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

ERIC WEISBROT M.D. 230. BURIAL, CREMATION, REMOVAL 23b DATE

406 EASTERN BOULEVARD

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

PHYSICIAN

MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

MPORTANT:

BURIAL 24. FUNERAL DIRECTOR

22b. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

03-05-83 MT. OLIVET ADDRESS

21229

22e ADDRESS

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BALTIMORE CITY

DIRECTOR PHYSICIAN

a. 2. Comist

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Programme and the state of the	o had alwala	3612	

If Item 21 is marked or Item

MPORTANT:

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

	1. DECEASED NAME FIRST (TYPE OR PRINT) Alfred Erne		Sr.		AŠT .	March 22, 1983	DAY YEAR	26 HOUR 2 AM
	3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White		June	21, 1891 YEAR	91 YRS.	MONTHS DAYS	HOURS MIN.
-	SCOULT AND STATE OR FOREIGN	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Cou	FUNDER I YEAR MONTHS DAYS Y OF DEATH INTY IFE) 1726. KIND OF INDUSTRY BALTO M LAST. 210 Hill RD APPROXIMA BETWEEN ON 3 MOD	M
1	Catonsville		HOSPITAL, NURSIN HEACHITY GIVE STREET NUTSI		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I RETIFED SALESM		PF BUSINESS OR
7	USUAL RESIDENCE (IF NURSING HOMPO 130. STATE Naryland		GIVE RESIDENCE BEFORE 13. CITY OR TOWN Baltimo		13d. INSIDE CITY LIMITS? YES A NO	524 Swann Ave.,	Balto	Md 2122
1	14 FATHER'S NAME Ernest Flinn	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME Agnes		Charles	
)	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	210	043
-	Yes WW 1	1 WAR OR DATES)	215 03 1	1839	Alfred E Flin	n Jr 4595 Round	Hill R	D E.C.
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	D DV					APPROXI BETWEEN	MATE INTERVAL
	IMMEDIA	TE CAUSE (o)	Interst:	ial	pneumonitis		3 mc	onths
	5148	DUE TO, O	R AS A CONSEQUE	NCE OF				
	Conditions, if ony, which gave rise to immediate	(b)_						
	couse (o), stating the underlying cause lost.	DUE TO, O	r as a conseque	NCE OF				
	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	IVEN IN PART 10	a i
	Congesti							
	4 190 DATE OF OPERATION	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20n AUTOPSY? 20h JE YE	ES WERE EINDIN	JCS HSED

21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

IN CERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

P.M 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION CITY OR TOWN STREET

COUNTY STATE

220.1 certify that (I) (KINN) ottended the deceased from sow the deceased alive on 19 March above, (I) XX March (did not) view the body after death.

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN MEDICAL STAFF

23d. LOCATION

CITY OR TOWN

and that in (my) (pinion death occurred on the date and hour and from the causes stated

22t. DATE SIGNED March

22d PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

NOT WHILE

21d. INJURY OCCURRED

W.K. Gallager, Jr., M.D.

March 25'83

22e ADDRESS

DEGREE

231. NAME OF CEMETERY OR CREMATORY

Lorra ne Park

455 Wilkens Avenue -Balto., MD 21229

SPEBurial

FOR

- STATE

REGISTRAR

Harry H Witzke \$112 Columbia Rd Ellicott City

Balto. Maryland

Mr. Si	March 23, 1943	Allied Street Files Sw					
	£2,	Most Marama	931.00	3/			
	Jane Green Land		U	bee Sanisond			
	Lengella Ballout			ellian man			
COME MUNICIPAL	at Corn and 194			Y material			
alois .	erotosa de			noist amenas			
	A Est of Control to MILLS	nd bushin 9281 go :	IS II I	Yes			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

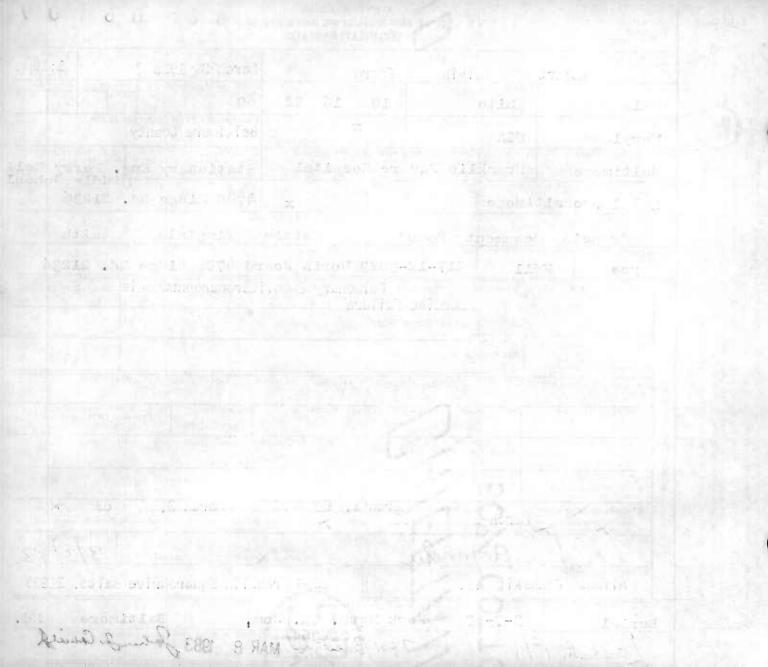
FOR

Maryland 45 A Stranger Charles and Butto Bung Hill of 2 200 Alagate 120 Fey IC Becker May Wells . Hallet STREET WITH THE PART OF THE PERSON OF THE PE MANOU 1983 OF WALL STREET

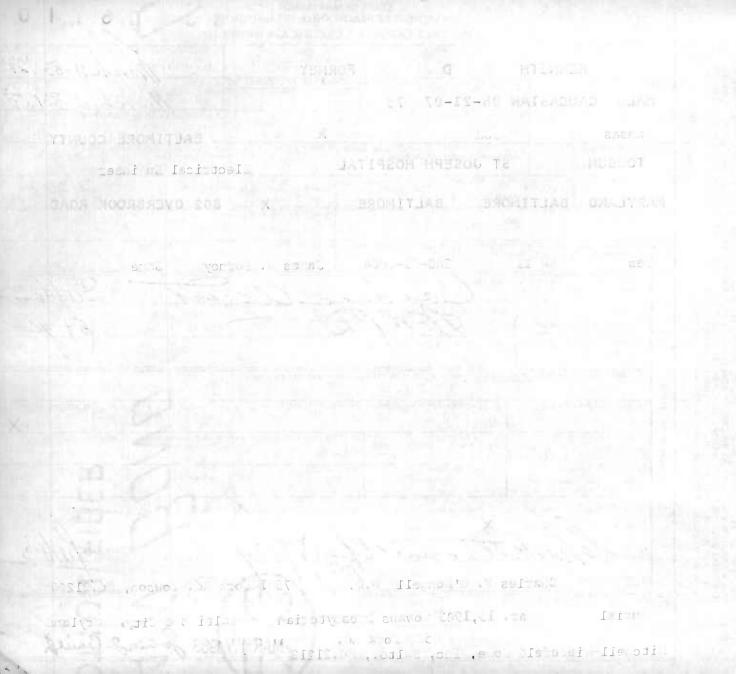
_ 4	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					0 8
e w.e		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY		2h HOUR
oy be	2.00	DOP			MENBAUM		3 30	83	5 AM
M	3 SE	FEMALE	4. RACE WHITE	5. DATE (6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	HS DAYS	IF UNDER 24 HRS. HOURS MIN.
1 1 35	M	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	USA WIDOWE			9 BALTIMORE COUNTY OF BALTIMORE COL			
by the fur filed with		RANDALLSTOWN	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) BALTIMORE COUNTY GI			126 USUAL OCCUPATION 126 KIND OF TYPE DE WORKERS MOST DE WORKING LIFE) INDUSTRY HOUSEWIFE AT			F BUSINESS OR HOME
filled in		AL RESIDENCE (IF NURSING HOME OR STATE MARYLAND 13b. COUN BAL	OTHER INSTITUTION GIVE RESIDENCE BEFORE IS COLTY OR TOWN RANDALLS	TOWN	134 INSIDE CITY LIMITS?	13. 9059 MEAD	OW HTS.	RD.	#21133
completely completely and 2 si	14. F	ATHER'S NAME ABRAHAM	E. COPELAND		RACHEL	AE MIDDLE		SÁĈI	(S
Poges medical		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN)	MED FORCES? 166 SOCIAL SECUI E.WAR OR DATES) 215-44-		9059 MEADOW	JACK FLOMEN		STOWN	MD 2113
quires that the death certificate signed by the attending physic hen please remove carbon paper to burial, cremation, or removal. jury, or other troumatic event, the	MEDICAL CERTIFICATION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, storing the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF Underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0							SÉT ANO DEÀTH
he low re on. hos been t permit. I ene prior		190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
SICIAN: The ng physicio certificate la viol-fronsit ental Hygie la mand la sho		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 7)	RE ALL
ottendin ottendin ter this of is the burn h and Me		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
he hospital or DIRECTOR: A oched for use o Dept. of Healt lifter 21 is mo		22a.I certify that (I) (this hospital) attended the deceased from 3 25, 19 3, to 3 30, 19 83, that (I) (we) lost sow the deceased alive on 3 30, 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) we lated (did not we the body after death DEGREE 22c. DATE SIGNED							
retoined by the TO FUNERAL should be defined with the State IMPORTANT:		220. PHYSICIAN'S NAME (TYPE OF	PESTRE		PHYSICIAN [22e ADDRESS BALTIMORE	DIRECTOR PHYSICI	IAN		30-83 SPITAL
BP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236 DATE 23c N	AARE I	EMETERY OR CREMATORY ZION	23d LOCATION ROSEDALE		LTO.	s MD
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR SOL LONG REISTERSTOW	EVINSON & BROS., N RD. BALTO., M	INC. ID 21		REC'D, BY REGISTRAR	Company Court Cour	2. Con	

Albania Colorado de Calendo 39-2273G 3 SALES ON THE PROPERTY OF THE PROPERTY AND A PROPERT

4	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	rgiene 8 3	0 6	109
teor 3		CEASED NAME FIRST ROBERT	t Melvin	Foa	ırd	March 33 31	MENTH DAY YEAR	26. HOUR 1/21/20)
Her do	3 SE	x Male	4. RACE White	5. DATE	OF BIRTH 16 22	6. AGE (IN YEARS LAST BI	IF UNDER 1 YE MONTHS DA	
the state of the s		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNT	RY? 8. MARRI WIDOW	ED NEVER MARRIED	Baltimore	County OF DEATH	
s ofter d	7	ITY OR TOWN OF DEATH Baltimore	II. NAME OF HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST Stationa	of working life) INDUST	
filled in fould be in must be	130	AL RESIDENCE (# NURSING HOME OF STATE 130 COL	DROTHER INSTITUTION GIVE RESIDENCE BUTTY Limore 13c. CITY OR		13d. INSIDE CITY LIMITS?	4708 ADRES	ge Rd. 21	
campletely 1 on 2 st		ATHER'S NAME FIRST Francis WAS DECEASED EVER IN U.S. A		ard SECURITY NO.	15. MOTHER'S MAIDEN N FIRST Hatti 17. INFORMANT			i th
ficate be execu shysician and cr papers. Pages naval. ent, the medical			1.F. 1 0. 0. 0. 1000		B Doris Fo			21236
equires that the death is signed by the attend. Then please remave ca to burial, remaition, a injury, or other traumal	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	TNOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART	Tro
he law retion. hos been if permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION	ON WAS PERFORMED	YESY NO	206. IF YES, WERE FIN IN CERTIFYING CAUS	
4YSICIAN: The riding physician. sis certificate ho burial-transit per Mental Hygiene or Hem 18 shaw	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
or attending After this ce e as the buri alth and Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
TTENG pital TOR: for us of He		22a.1 certify that of (this hasp saw the deceased alive a abave, 2 (did) (did)	March 3		nd that in (7%) (aur) apinio	, ta March n death accurred on the d		, that X (we) to the causes stated
0 4 0 0 0		224 SIGNATURE AN	~ MAnul	n		MEDICAL STA		13/P3
TO HOSPITAL (retained by the TO FUNERAL I should be detain with the State I IMPORTANT: If		Alfonso/ Jan	oski, M.D.			anklin Squar	eDrive Balt	o. 21237
BP		Burial, cremation, remova (Spec#y) B urial			eth. Ch. C	em .	Baltimor	e ^s Md
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	assaly f	=/-/. ADDRE	557 401	Belon 20 N	AR 8 1983	Ab REGISTRAR'S IG	TURE



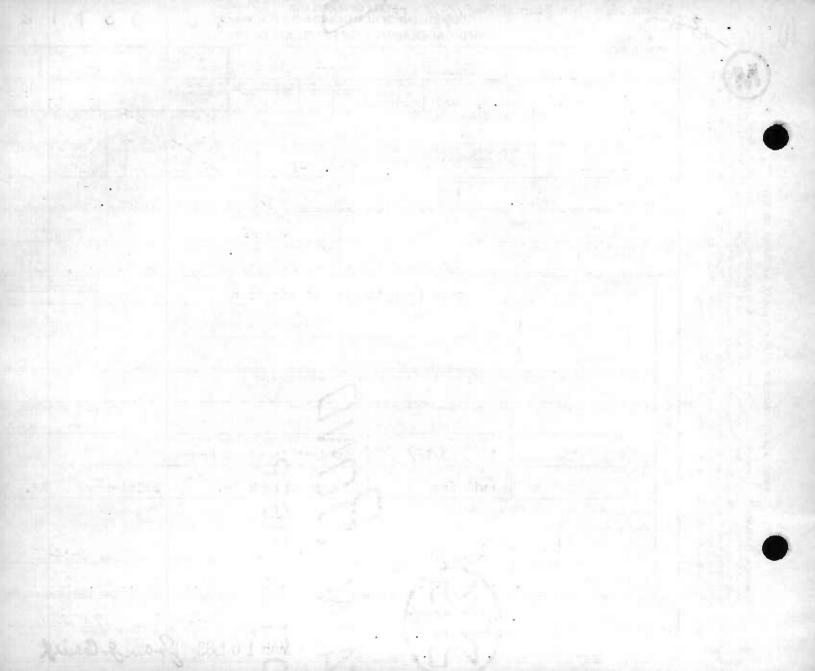
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W			FOR STATE			DEPARTMENT	F HEALTI	AND MENTAL	HYGIENE ,	5 U	0 1	1 0
1			REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATE	OF DEATH	REG. NO.		
			CEASED NAME	FIRST		WIDDLE		LAST	2e. DAT		AONTH PHY	YEAR 26 HOUR
	38.5.8.E	(1177	E OR PRINT)	ENNETH		D	FC	RNEY	OF DEAT	H MATED	mh 1/10	83 125
	A CHIEF A	3. SEX	4. RAC		DATE OF BIRTH	6. AGE (NYEARS IF U	NDER 1 YR. IF UND	R 24 HRS. 2c DA		SHITH DAY	YEAR 24 HOUR
	REC ST H		MALE CA		N 06-2°	1-07 75		HS DAYS HOURS	MIN. PRONO	AD AD	al 11.	83/2/2
	SAR		RTHPLACE (STATE OR		CITIZEN OF WI		8		9. BALT	IMORE CITY OR C	OUNTY OF DE	ATH
	NECESSARY, PLEASE PLYKERAL DIRECTOR. 5 FOR OUR FILES. WITHIN HOURS		Kansas		USA			VEDX NEVER MAR				
	Z Z Z Z Z		TY OR TOWN OF DEA	ATH 1		PITAL, NURSING HO			D	ALTIMOR CUPATION (TYPE OF	WORK 112h KIND	OF BUSINESS DUSTRY
	ESTI. IF ANY DELAY IS. REST. 2. AND 3 TO THE F. N. PM. 3. RETAIN PAGE AND 2 SHOULD BE FILED FOUND RECORDS, 201 W.		TOWSON			SEPH HOS			FOR MOST OF W	ORKING LIFE)		IDUSTRY
	DELAY N PA N PA S S S S	USILI	AL RESIDENCE (IF IN NU	IPSING HOME OF O				•	Electri	cal Engir		
21201	ANN AND 3		TATE	136 COUNTY		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	_	RESS	2/	239
.2	A A B S B		ARYLAND	BALTI	MORE	BALTIM	ORE	YES NO	004	OVERBR	OOK RO	AD
₽ Q	H. 2	14. Fz	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAI	DENNAME	MIDDLE	LAS	ī
BALTIMORE, MD.	URS AFTER DEATH 8. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 2 DIVISION OF WITH											
₩ W	PACE	fY	VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARME	D FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		
ALT	A A G B A S I S I S I S I S I S I S I S I S I S		Yes	WW I	I	288-09-6	004	James E	Forney	Same		
-	WITT PA		18 CAUSE OF DEAT	H (Enter anly a	ane cause per lig	for (\$1, (b), and (c).)	/				Own	JEIMATE BUTERVAL
W. PRESTON ST.,	5258A7		PART I DEATH W	AS CAUSED B		-au	Les		nex	1	200	Iden.
0	4 G F G F G F G F G F G F G F G F G F G		429	2	DUE TO, OR	AS A STREET	CEOIC	1	-1-1			
E SE	EN SEN SEN SEN SEN SEN SEN SEN SEN SEN S	- 2		any, which	360	AN	11%				5+	THO
3	OR TRA		gave rise ta cause (a) stating		DUE TO, OR	AS A CONSEQUEN	CEOF			0.00		1
201	N. WE		lying cause last.		1						0	
	7-8-00		PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	STRIBUTING TO OFATN	BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART Lie			
DIVISION OF VITAL RECORDS,	BE EXENDING WEDICAL SA BUTH AN	Z					Thursday,	A CONCINION ON CHI III	na i iu			
REC	- CA ASE	CERTIFICATION	19g DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH C	PERATION V	VAS PERFORMED?			20 AUT	OPSY?
Z.	SHOULD ORD "PE CHIEF A E USED I TOF HE	5										_ \
>	UNER: THIS CERTIFICATE SHOULD E FICATE, WRITING THE WORD "FEN E FORWARDED TO THE CHIEF MA TTOR: POECE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA LAND, 21201 PRIOR TO BURIAL, CI	E	21g EXTERNAL CAU	SE WAS	21b. TIME OF	INJURY	121c H	OW INJURY OCCUR	PED SENTER NATURE OF	IN ILIBY IN ITEM 18 PART		NON
0	TA HOW CO		UNDERLYING -	OR	HOUR A.M		EAR	OW MAJORI OCCOR	KED (ENTERNATORE OF	NOOK! IN TEM TO PAKE	OR PART 2)	
Ö	ERTIFICATION TO	MEDICAL	CONTRIBUTING 216 INJURY OCCUR			I. 19 OF INJURY (AT HOM		CATION				
N N	DEF 38	MEG	WHILE NOT	WHILE C		TORY, FARM, ETC.)		STREET	CITY OR	TOWN	COUNTY	STATE
0	WRI WRI WARE AAGE		WHILE NOT AT WORK	ORK							THE R. P.	
	ME: T		The second second		of the remains des	cribed abave, held o	n Autaj	sy . Inspect	ian . Inqui	ry , and in	my apinian	
	MINE SE FOR THE		death resulted frog	// Natural	courses X	Accident .	Suicide _	Remicide	Undetermined	manner .		1
	EXAMI CERTIFI JLD BE DIRECTORITH WARYL		/		A		0	TIBLE SPECIFY)	_		- 6	11
	CAL EXA THE CER SHOULD ERAL DIR SATH, WI	1	ACTUAL OF	hack	otto	men	elt	A 10 bis	MEDICAL EX		DATE SIGNED	183
	SER SER S		5101-1110			1.00	The	11/1	MEDICALEX	AMINER	1	
	SE S		EXAMINER'S NAME	Char	les F. O	'Donnell	M.D.	ADDRESS 750	York Rd	Towson	Md 212	04
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR THE PLACE AND INFORMATION THE THE PLACE AND THE	730 B	URIAL, CREMATION,	REMOVAL 73h		Control Control		OR CHEMATORY	23d. LOCATION			
		(Burial			983 Govan			CITY OR TOWN		COUNTY	STATE
	BP	24 F	UNERAL DIRECTOR	1210		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		175c DAT	E REC'D, BY REGIST	RAR A REGISTR	Maryla PAR'S SIGNATUR	ind
	DHMH - 17	16	NAME	,	ADDRESS		ork Rd			0/ -	2. Cari	el
	(VR A15 ME (5))	M	tchell-Wi	edetel	Home.	Inc. Balt	O. Mc	.21212	11 7 1 1000			*



K.	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3 3	0	6	1 1
		ECEASED NAME FIRST	WIDGLE		AST	20. DATE OF DEATH		Y YEAR	2b. HOUR
oy be page 3 death		Bessie	Ε.	F	oster	March :	10, 19	83	1:00pm
mo,	3 SI	X	4 RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
- 1		Female	White	Dec			35 YRS.	NTHS CAYS	HOURS MIN.
Spece (Special Control of the contr	7a. E	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	(? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O		
# EE 8	2	Maryland	U.S.A.	WIDOW	D DIVORCED	Baltimor		nty	MD.
on softer softer by the filed with	10. 0	CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 		OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ON OF WORKING LIFE)	126 KIND O	F BUSINESS OR
201 Drs o	2 5	Towson	6701 N. Ch	arles	St. GBMC	Farmer			culture
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file	130.	JAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	TOU. CHI OK TO	4414	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			21120
IAND in 24 in 24 should	-		imore Parkt	on	YES NO X	1114 Mt	. Carm	iel Ro	pad
with with with day	14. F		AIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	T
- 0			rville Fos		Daisy			tiff]	er
BALTIMORE.	160	(YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 16b. SOCIAL SEG	URITY NO.	" AFOCMATVILL	e Foster,	fr.		
ALTIM te be in cicion of cicion of the me		Vo. I -	215_5		RD#2,Seve	n Valleys	Pa.	17360	
BAI icote icote pope book int, th		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	y one couse per line far (a), (b), o BY:	and (c).				BETWEEN	MATE INTERVAL DISET AND DEATH
ST.			E CAUSE (o) Cardi	opulm	onary Arres	t			
PRESTON ne death co	1	1771	DUE TO, OR AS A CONSEQ	UENCE OF	0				
PREST ne deoi emote motion r troum		Conditions, if any, which gave rise to immediate	(b) Metas	Latic	Carcinoma				
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF					
o sed s	7 01		(c)						
	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1/c	11
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirent this certificate has been signs on the buriol-tronsit permit. Then the and Mental Hygene prior to be parked or them 18 shows any injury or them.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED
TALRE lo incion. The los incion. The hos nist per regione granes con shows of	7 =	E REAL PROPERTY.				YES NOT	IN CERTIFYII	NG CAUSES	OF DEATH?
VITAL REINN: The Ichysicion. icote hos ronsit per Hygiene: 18 shows	T W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR				110 [
N OF VITA SICIAN: T ng physici certificate viol-tronsi tem 18 sh	e	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR					
HYSI nding see bis ce	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION			128	
DIVIS DING P or otter After tl e os the olth one	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	SIREE	CITY OR TOV	VN .	COUNTY	STATE
DIN NDING of or of R. Afte use os use os teolth is mort			al) attended the deceased from		, 19	, ta	. 19		that (1) (we) last
TTEP pito for of H		sow the deceased alive on above, (I) (we) (did) (did not		, 00	nd that in (my) (our) opinian (deoth accurred an the de	ate and haur a	nd fram the	causes stated
OR AT DIRECT DIRECT DEST. Dept. 6 Dept. 16 Mem.		226 SIGNATURE	, view me beer aren acam.	The Land	DEGREE		A	22c. DATE	SIGNED
PITAL C by the by the ERAL C Stote D Stote D	10	1. Tyking			ATTENDING PHYSICIAN	MEDICAL STAI		3/10/1	f:3
SPIT d by Dec		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS		-		
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I MPORTANT I		Dr. C. Tse	retopoulos		GBMC				
5 € 5 € 3 ₹ —	23a.	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	-	DUNTY	STATE
BP		Burial	3-14-1983	Pine	Grove Cem.	Parkto			
DHMH - 16 50M 7/77		UNERAL DIRECTOR			25a. DATI	REC'D. BY REGISTRAR	251 REGISTRA	R'S SIGNATI	JRE
(VR A 15 (4))	V	J. Harlensle	New Free	dom,	Pa. 17349MA	R 1 5 1983	John	2. Car	will

I C I To a way sheet in a short of perfect, at the first perfect of the contract Will the version was remember to the 18 mas for the

1	. 24	LI t	ems #10 FOR STATE	a-22a Fi		DEPART	MENT OF	HEALTH	AND ME	ENTALH		, ,		0 6	5 1	1	2
U	1	1.00	REGISTRAR	FIRST	ME	DICAL	EXAMIN	IER'S C	ERTIFIC	CATEO		3 ***	REG. N				
1	EA:		CEASED NAME PE OR PRINT)						LAST		12	o DATE K	ESTI- MATED [YEAR	26. HOUR
(3 SE	K I	SUSAN 1. RACE	S. DATE OF BIRTH	ELLEN	6. AGE (IN Y		REED	IF UNDER	24 HPS 2	C. DATE	MATED [MONTH	13	19 83 YEAR	M HOUR
	STATE ON STATE OF STA	0	FEMALE	WHITE	OCT.9,		24 Y	AYI MONTH		HOURS		RONOUNG	CED	3	13	19 83	24 HOUR 9:05 a M
-	SE S		IRTHPLACE (STANCE) MARYLANI		76. CITIZEN OF W		VTRY?	8. MARRI	D NEV	VER MARRI	EDXX	BALTIMO		-		EATH	1
	N S S S S		MAK I LAM		US.		DCING HOL	WIDOW	ED 📙	DIVORCE	ED L	Balt	imore	e Cou	nty	ID OF BU	MD
	PAGE PAGE PRE FILE		BALTIMO	ORE /	13 Warre	n Par	rk Dr.	AP	T. B-		FOR M	AL OCCUP OST OF WORK STUDI	ING LIFE)	PE OF WORK		HOOL	S.A.
21201	ANY D AND 3 PETAIN POULD POUR POOR	13a S	AL RESIDENCE (TATE ARYLAND	13h. COUN	R OTHER INSTITUTION, G TY LTO .	13c. CITY	E BEFORE ADMISS OR TOWN TIMORE	ION)	13d. INSIDE CIT	NO XX		ET ADDRES WARRE			B-1	1 21208	
MD.	TA 23.2	34. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE			DLE			LAST	
RE,	A PA		FEL	I X	7710000	FRE	ED			AUDR	EY	7416				PERRY	
BALTIMORE	FIER PAR	16a. V	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFORM	1		LINDA			TEO LU	I Mr.	0117/
	WITH PAG			DEATH (Enter on	y one couse per line			1063	331	TOWN	GREEN	WAY	KEI	STERS		PROXIMATE	21136
ST.	24 HOUF ITEM 18. LONG W PERMIT. GIENE, D		PART I DEA	ATH WAS CAUSE	BY:		barhi	urate	into	xicat	ion				BETW	EEN ONSET	AND DEATH
ō	V 24 V ITE ALOR TT PEI VGIE OVA		950	IMMEDIAI	DUE TO, OR	AS A CON	NSEQUENCE	OF									
PRE	D WITHIN PENCIL IN WINER A - TRANSIT ENTAL HY OR REMC			s, if ony, which	(b)		12.5										
× .	TED WITHIN 24 HOUNDED IN TEAL 18 NOW NEWCIL IN ITEM 18 NOW 34 - TRANSIT PERMIT MENTAL HYGIENE, N, OR REMOVAL.			stating the under-	DUE TO, OR	AS A CON	NSEQUENCE	OF					100				
S, 20	ND A TION				(c)												
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	SHOULD BE EXECUTED SRD "PENDING" IN PROPING TO THE MEDICAL EXAM EUSED AS A BURIAL OF HEALTH AND MEIL URIAL, CREMATION, C	Z	PART 2 DIMER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERM	AINAL DISEASE	DR CONDITION	N GIVEN IN PAR	RT 1 (a).						
LREC	L CA HEAL	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPE	RATIONW	AS PERFORA	MED?					20 A	UTOPSY?	
ATA	ORD ORD	TIFIE					3.0	. 3							Y	ES 🗌	NOXX
Ö	CERTIFICATE SH SITING THE WOR DIED TO THE CE E 3 SHOULD BE LE E DEPARTMENT OF DI PRIOR TO BUR	Ü	210 EXTERNAL	CAUSEWAS	216. TIME O	FINJURY 1. MONTH	DAY YEA	R	W INJURY					B PART 1 OR P	ART 2)		
ON ON	HOUR SARI	CA		IG CAUSE OF	P.M. PLACE	1. 2/3	19		abject	inge	ested	drug	5				
DIVIS	THIS CERTIFIC WARDED TO PAGE 3 SHOU TATE DEPARY	MEC	WHILE -	NOT WHILE	SIREET, FAC	TORY FARM, E			Warre	n Pan	ek Dr	CITY OR TOW		altim	OUNTY	A	STATE
				AI WORK		0				Inspection						1	IU.
	EXAMINER: CERTIFICATE DULD BE FOR L DIRECTOR: 4, WITH THE S		22a I certify		e of the remains de: al causes ,	Accident		Autops	y L.J. Hamic			Inquiry I		and in my o	pinian		
	CAM ERTIFE IREC MITH ARYL		deom resuite	Thom:	arcauses	Accident	L, 31	icide LA	TITLE (SI		Undere	rminea mai	mer				
	ALE HE CI TH, N		ACTUAL SIGNATURE_	MA	1/20	20	\	М.		stant	MEDI	CAL EXAMI	NER	DATE	JED 3	-14-8	33
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALLIMORE, MARYLAND		EXAMINER'S N	Ann	M. Dixon	, M.D			ADDRESS	111	Penn	St.,	Balt	·o.,	Md.	2120)1
	BATA BET	23a.B	URIAL, CREMAT	ION, REMOVAL 2			NAME OF CE		CREMATO	DRY	CITY C	CATION		со	VINU	STA	ATE
	BP / 0 / -	24 5	UNERAL DIRECT		AR.15,198		HIZUK	AMUNO	1,	25a. DATE R		BALTIM		CICTD AB'C		LAND	
	DHMH - 17	24. 1	NAME		EVINSON)				MAR		983	0	PISTRAKS	C	JKE	
	(VR A15 ME (5))		OUTO KE	151ERST(OWN RD.	RALTO	· MD	2121	5	MIMI	10	300	100	mo	N 144	WY	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	0	6	1	1	,
REG. NO.					

			CERTIFICATE OF DEATH	REG, NO).			
3. SE	ECEASED NAME FIRST	WIDDLE	Frishy	20. DATE OF DEATH	3 - 28 - 83	26 HOUR		
	× Everyn	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 H		
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR	COUNTY OF DEATH			
1	Md	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balt	Co			
P:	ikesville	(IF NOT IN SUCH FACILITY, GIVE STREET Pikesville Nui	rsing Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laborer		BUSINESS		
13a S	STATE 35 OUR	rother institution. Give residence Before NTY 13c. CITY OR TOWN Westmin	/N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 43D Unio	on St. 2115	57		
14 F/	ATHER'S NAME FIRST William	Morgan Morgan	15 MOTHER'S MAIDEN N FIRST Ella		Bowers			
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		ADDRES	SS			
	no n/	a 820-02-2		Groomes 13e		AATE INTERVAL NSET AND DEAT		
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stoffing the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, V							
TIFIC				YES NO	IN CERTIFYING CAUSES			
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19	RRED (ENTER NATURE OF INJURY	IN ITEM TB PART 1 OR PART 2)			
ED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOW	n COUNTY	STATE		
2								
W	saw the deceased alive on above. (1) (we) (did) (did no	tal) attended the deceased from	and that in my jour) apinion	n death occurred on the date				
×	saw the deceased alive on	3/17 19	DEGREE	MEDICAL STAFF	e and hour and from the c			
×	saw the deceased alive on above. (1) (we) (did) (did no	3//7 1) view the body after death.	DEGREE		e and hour and from the c	ouses stated		

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fig should be detoched for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

A SERVICE SERVICE OF A CONTROL OF THE PROPERTY OF A SOCIETY OF THE SERVICE OF THE otal manifest designation in the contract of the Card

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william, ic.	70			
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		Also .		
in the the bearing.	San Luna .	A develo		
	X America	Par Ber		
		200,050	333	

injury, ar other troumotic event,

IMPORTANT: If Item 21 is marked or Item 18 shows any

	FOR 1 - STATE REGISTRAR FOOR	K. FUHRMAN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.) 6 1 5
١	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	(TYPE OR PRINT) Fuhrman	Edna		3	11 83 4:45 PM
ı	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	female	Caws.	2 6 88	95 YRS	MONTHS DAYS HOURS MIN.
g)	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
)	MARGIAND	U.S.A.	WIDOWED DIVORCED	County	MD.
1	10 CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	Baltimore P	erring Parkway No		TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COU			13e. STREET ADDRESS	21234
2	MARYLAND BAL	Timore PARKVII	YES NO NO	18627 OLO HA	RFURD ROAD
5	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
	Amos	F: SHS	R MARGA	RST	LULLINGS
٦	160 WAS DECEASED EVER IN U.S. AF		RITY NO. 17. INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	FAMIL	4 RECORDS	
	PART I. DEATH WAS CAUSI	TE CAUSE (a) L CIRCLO	RAI VASCUBAGE	2 Disease	APPROXIMATE INTRIVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A COMPLOYE	CUD.	. ,	
	cause (a), stating the underlying cause lost.	DUE TO, OR AS CONSEQUE	A) A ORTERIOSCIE	RUSIS	- 200
		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART 1(a)
-	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	ON CONTRIBUTING CAUSE OF DE	AIB	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART ?)
	(IF EITHER NOTIFY MEDICAL EXAMINE 216. IN JURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR LOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC) STREET	3/11/	Co
	sow the deceased alive or	oital) ottooded the deceased from	3 , and that in (my) (our) opinion	death occurred on the date and l	hour and from the causes stated
	22b. SIGNATURE	1 Carozza	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/14/8 3
	PHYSICIANS DAME (TYPE	CAROZZA	1801 Went 1	Worth Rd Bals	6 and 21234

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION REMOVAL

23b. DATE

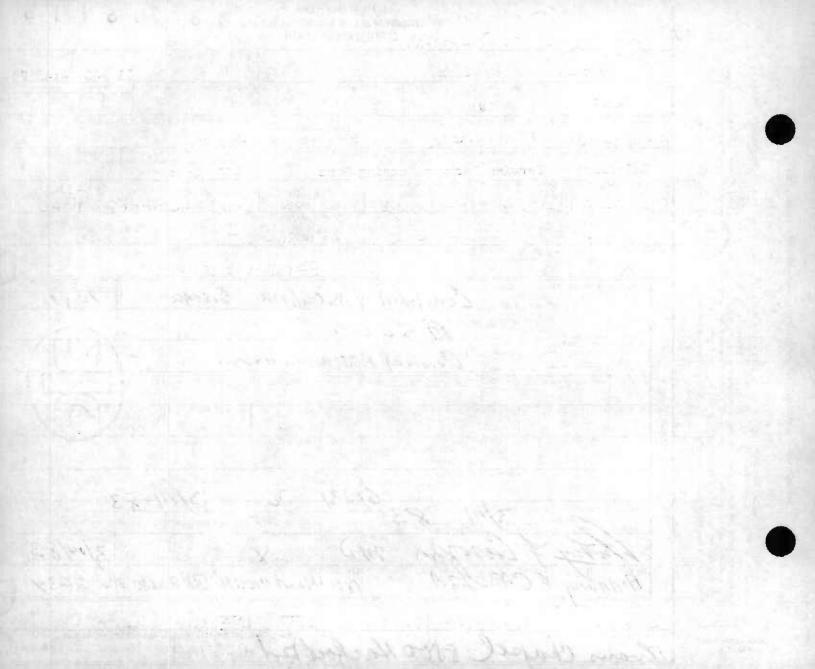
23c. NAME OF CEMETERY OR CREMATORY

PARKY)

COUNTY BAL

PARYLADO

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D.



	١,	FOR STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	GIENE 8 3	06116
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
poge 3		OR PRINT) GORMA	Y FRANCIS	FUHRMAN	MAR.	1 1983 25. HOUR
4 may	3 SE	<u> </u>	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
Page sirect	7a. B	RTHPLACE (STATE OR FOREIGN	7b CITIZEN OF WHAT COUNTRY?	OCT 21 1919	9 BALTIMORE CITY OR	YRS COUNTY OF DEATH
de oth.	M	ARYLAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO	COUNTY MD.
1000	10. C	ATON SVILLE	6130 REGEL	ADDRESS) PARK RD	120 USUAL OCCUPATIO	
24 hou ould be must be	13a	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW CATOMA		13 STREET ADDRESS	ENT PARK RII
completely fill 1 and 2 shou	14 F/	THER'S NAME FIRST	MIDDLE FURRIAND	15 MOTHER'S MAIDEN NA	ME MIDDLE	ROEMNIED
Poges I c			MED FORCES? 16b SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRES	S 6130
re be recion of res. Po	-	A CAUSE OF DEATH S	11917	963 LAUDREY FUL	KNAM KE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physican poper removo event,		PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), an D BY: 'E CAUSE (a)	Carchae arr	ef	Munites
2 12 12 13		4/00 Conditions, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF ASHO		Years
the remo		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE			The state of the s
signer signer by to burn plury, o	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	WAL DIS COND	ITION GIVEN IN PART Ita
The low rencion. The hos been used per permit. If given prior shows ony it	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \tag{NO}
SICIAN: The long physicion. certificate hos rirol-fronsit peri entol Hygien 18 shows of		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	(N ITEM 1B, PART 1 OR PART 2)
G PHYSI offending er this ce s the buri ond Mer	MEDICAL	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F	21f LOCATION	CITY OR TOW	N COUNTY STATE
rtendin ortol or roce or for use or of Health		22a. I certify that (1) (this haspi	tal) attended the deceased from	ond that in (my) (on opinion	, tadath occurred on the dat	e and hour and from the couses stated
TAL OR AT y the hosp tal DIREC deteched of the more Dept.		abave, (I) (See Add) (did no	view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
HOSPII bined b FUNER buld be th the St		Mall GU	HADE RO BA	Can ore Mid	21226	
of of short of the	73a. f	URIAL CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY # 4 M STATE
BP	71 17	NERAL DIRECTOR	13/4/83 N	EW CATHEORA	LIBALTO	170
DHMH - 16 50M 1/81 (VRA 15, 4)	W	EBER FINERA	L HAME EDM	ONDSON AVAMAR	3 1983	GEGISTRAR'S SIGNATURE

EXPERIMENTAL MARKET PROPERTY OF THE PROPERTY O CONTRACTOR OF THE STATE OF THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.				
	. DECEASED NAME FIRST		WIDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
Е	SAMILE	6	G,	ALL	ER	22	783 0423AM			
3	. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR IF UNDER 24 HRS			
	MALE	WHI	ГЕ	JUL	Y 4, DAY 1895 YEAR	87 _{YRS.}	MONTHS DAYS HOURS MIN.			
7	O. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNTY	OF DEATH			
	RUSSIA	USA		WIDOWE	D NEVER MARRIED D	BALTIMORE COUNTY MC				
ī	O CITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12h KIND OF BUSINESS OR			
	RANDALLSTOWN	BALTI	MORE COUN	TY GE	N. HOSP.	TAILOR	CLOTHES			
1	ISUAL RESIDENCE (IF NURSING HOME O 36. STATE 136 COU MARYLAND BA	NTY LTO.	134 CITY OR TOWN BALTIMO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4 RANDALL AVE.	#21208			
1.	4 FATHER'S NAME				15. MOTHER'S MAIDEN NAM					
	REUVEN	WIDDIE	GALLER		MIRIAM	WIDDIE	UNKNOWÑ			
Ti	60. WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECU	RITY NO.	17 INFORMANT ME	RS. NORMAPPHILELF	ARB			
	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	215-30-	3561A	4 RANDALL AV	VE. BALTO., MI	D 21208			
F	18. CAUSE OF DEATH (Enter o	nly one couse pe	r line for (o), (b), one	dicii			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUS									
ı	4148		R AS A CONSEQUE		IVE SHOC		S. D. S.			
L	Conditions, if ony, which	(1b)	ACTITE	M	YOCAR DIAL	13CHEMIA	7.			
ı	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE							
	underlying couse lost.	(6)	K AS A CONSEQUE	INCE OF						
		CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART 110			
П	O DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DBS	TRUCT	IVE	PULMON	ARY DISEAS	st			
1	M 190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YING CAUSES OF DEATH?			
P						YES NO YE				
1	210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)			
	OR CONTRIBUTING CAUSE OF DE	AIR	.M.	19						
ı	OR CONTRIBUTING CAUSE OF DE CIFETTHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F.	*D** 576 \	21f LOCATION	CITY OR TOWN	COUNTY STATE			
	WHILE NOT WHILE AT WORK	(AT HOME, ST	REEL, FACTORY, OFFICE, F.	ARM, ETC.)	The heart !					
ı	22a. I certify that (I) (this hosp		ne deceosed from _			, to	19, that (I) (we) lost			
L	sow the deceased alive or above, (I), (we) (did) (did no	nat) view the bady	afterdeath 19_	or	nd that in (my) (our) opinion d	leoth occurred on the date and hou	r and from the couses stated			
1	124 SIGNATURE	1	11 1	1	DEGREE	MEDICAL STAFF	221. DAJE SIGNED			
	Trafee	fu,	Kylor	")	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/21/83			
	224 PHISICIAN'S GIAME (THE	Skreinti	/		22e. ADDRESS					
1	HAFEEL	A 3	(E) m.1)	BACTIMOR	ECOUNTY	GEN HOSP.			
2	(SPECIFY) BURIAL	MAR. 2	8,1983 B	ALTIM	ORE HEBREW	RETSTERSTOWN	BALTO. MD			

INC. 21215

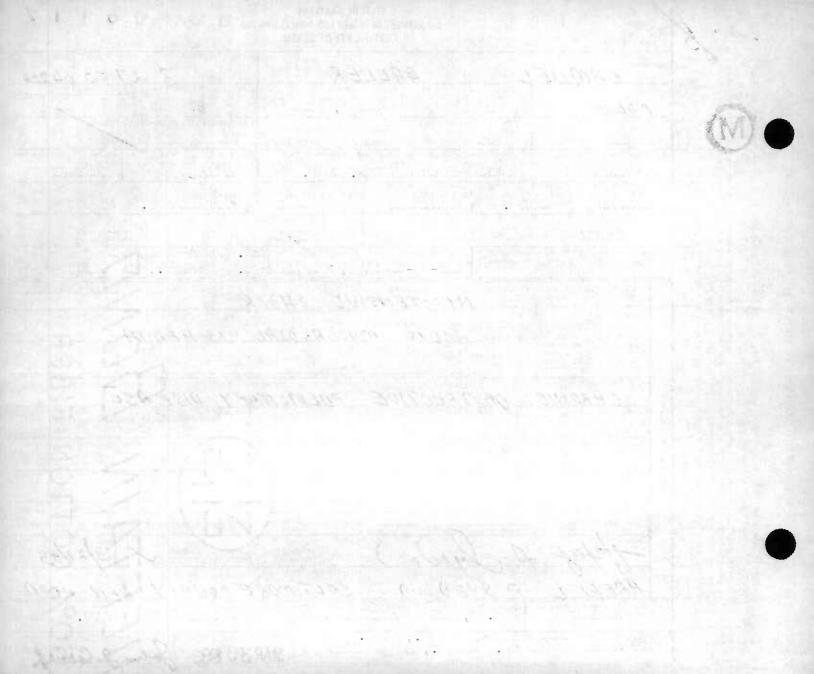
74 FUNERAL DIRECTOR SOL LEVINSON & BROS, 6010 AAREISTERSTOWN RD. BALTO DES MD

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shows ony



FOR

- STATE

BALTIMORE COUNTY 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife 464 Royal Beach Rd. 21122 Quillen 21057 Ernest T. Garner Jr. 12908 Dulaney Valley Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CEREBROVASCULAR ACCIDENT CEREBRAL HEMISPHERE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (1) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN 3 Baltimore Maryland 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

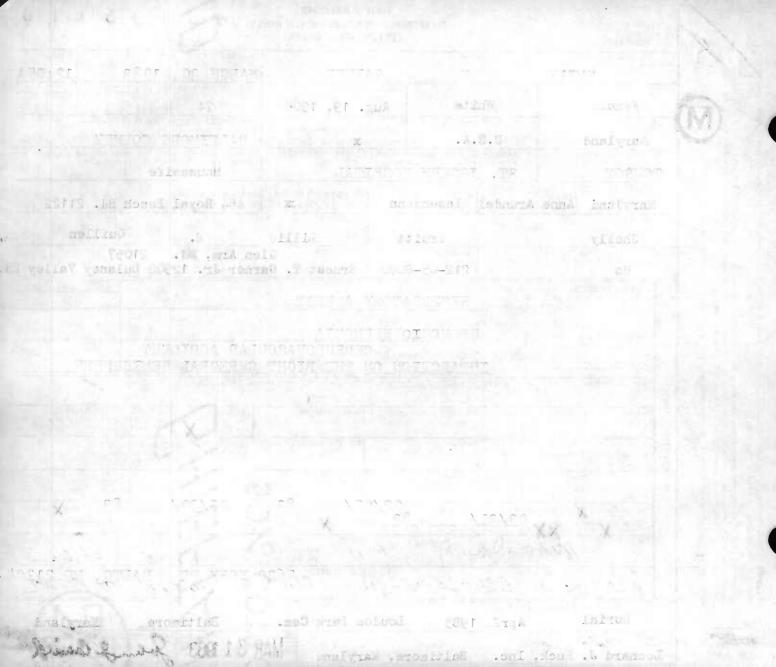
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

IF UNDER I YEAR

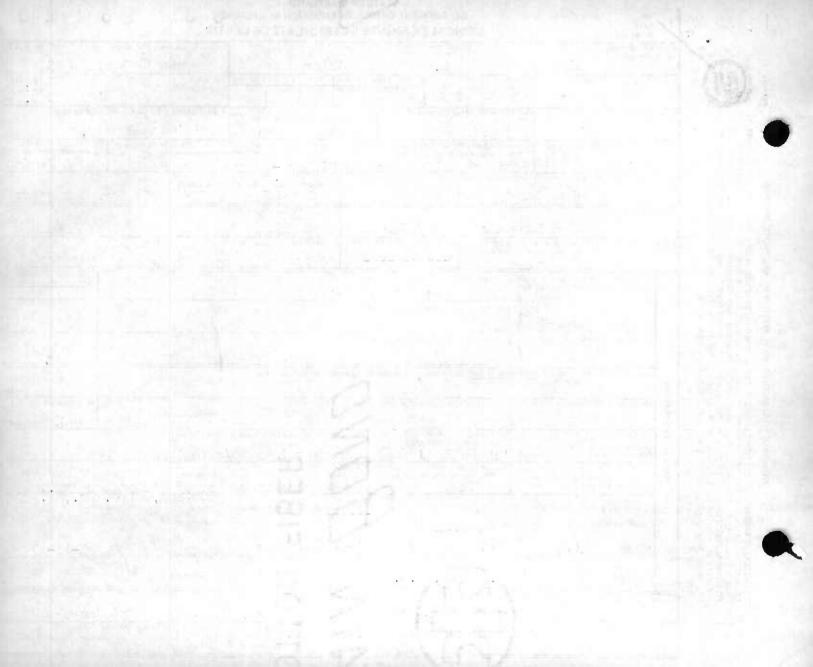
2b. HOUR



	,		FOR			DEPART	STA MENT OF	TE OF N	IARYLAND I AND MENTAI	HYGIEN		06	1 1	g
	6		STATE REGISTRAR		ME		EXAMIN	ER'S C	ERTIFICATE	OF DE	ATH REG.	NO.	i d	1
	60	I. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE			LAST		20. DATE KNOWN OF ESTI-		DAY YEAR	26 HOUR
	海 (4)	2 (5)		James		drew			ldes		DEATH MATED	3/9	, , , , ,	
	E STATE	3. SE)	ale	White	5. DATE OF BIRTH DAY 7-13-1	YEAR O 1 5	6. AGE (IN YE	AY) MONT	DER 1 YR. IF UND	ER 24 HRS.	PRONOUNCED DEAD	MONTH 3/9	DAY YEAR	2
	STONE STONE	7a. B	RTHPLACE (ST		7b. CITIZEN OF WI			0			9. BALTIMORE CITY	11/) <u>w</u>
	NECESS FUNERA S FOR W PREST		reign country) [aryla:	nd		USA		WIDOW	ED 🛮 NEVERMAI		Baltimo	re Co	unty	MD.
	PAGE 5	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME	, OR OTH	ER INSTITUTION	12a. USI	JAL OCCUPATION (26. KIND OF B	USINESS
	SEFER		atons		900 Ra	mbli	ng Dr	ive	21228	Pul	MOST OF WORKING LIFE) Olic Rela	ations		
MD. 21201	2. AND 3 TO 3. RETAIN P. 2. SHOULD BE P. AL RECORDS.	13a. S		136. COUNT	r other institution, GI ty timore	13c. CITY	OR TOWN		13d. INSIDE CITY LIMITS	13e. STR	EET ADDRESS Ramblii	ng Dri	ve 2	1228
W.	A 3. A 3. A 4. A 4. R	14. F/	THER'S NAME		WIDDLE		LAST		15. MOTHER'S MA				LAST	
ORE	OF WAR	14. 1	Jose	Ph EVER IN U.S. ARA	E.		ldes	V + 10	Irer	ne	4.0000		ndrews	3
LTIM	FTER VE PA VE PA SION	(Y	Yes	WN) (IF YES, GIVE V	WAR OR DATES)		-09-4	992	Mrs. Ma	rv T.	ADDRE Geddes	Same	as #	13
*	NURS AFTI 1B. GIVE WITH FA III. PAGE	=			y ane cause per line		-09-4	992	Int S. Ma	туп	Geddes	Same	APPROXIMA"	TE INTERVAL
N ST.	HOUR NG NG NC.		PART I DE	ATH WAS CAUSED	BY: E CAUSE (o)	AS	CI	F					BETWEEN ONS	ET AND DEATH
STO	ALO ALO	- 3	42	92		ÀS A CON	SEQUENCE (OF		3,44		1.18	/	-
8	VITHI NCIL NER SANS TAL F	-	gove ris	s, if any, which e to immediate	(b)							9,000		
W 10	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IND "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, "HIEF MEDICAL EXAMINER AGLONG WITH FORM PM, "HIEF AS A BURIAL-TRANSIT PERMIT PAGES 1 AND OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIRIAL, CREMATION, OR REMOVAL.		lying caus	stoting the <u>under</u> - se last.	DUE TO, OR	AS A CON	ISEQUENCE (OF						
08.2	CAL E BURIL		PART 2 OTNER SIG	SHIFICANT CONDITIONS O	(c) CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN	PART 1 (e)				
CO	BE EN NOIN NEDICAL STATES OF STATES	NO					The state of the s	WAL GISLAS	ON CONDITION ON EN IN	T MKT 107.				
NI RE	AL, OLL	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	M NOITA	AS PERFORMED?				20 AUTOPSY	(?
VII	WORD WORD WORD E CHIE CHIE CHIE SURIVION	RTIF	AL EVERNIA	L CAUSE WAS	A14 TIME OF								YES 🗆	NO 🔀
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL,		UNDERLYING		216. TIME OF HOUR A.M DEATH P.M	. MONTH	DAY YEAR	21c. HC	OW INJURY OCCUR	RED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART	2)	
IVIS	CERTINO DED DED DEP	MEDICAL	21d. INJURY O	NOT WHILE	21e PLACE (OF INJURY			CATION	7/2017	CITY OR TOWN	COUN	ity	STATE
۵	WAR WAR PAGE 2120		AT WORK	AT WORK)									
	SATE SATE SAND, NO.		22a. 1 certif	y that I took charge	e of the remains des	cribed aba	ve, held an	Autop	y , Inspec	tion .	Inquiry .	ond in my apir	ion	
	EXAMI CERTIFI JUD BE DIRECT WARYLY		deoth resulte	d from Thafur	al couses 🛂,	Accident	LJ, Su	icide	, Homicide	, Undet	ermined manner	,		
	CAL EX THE CE SHOULD RAL DI ATH, W RE, MA		ACTUAL SIGNATURE_	MAIL	lliar	wa	nI		TINE (SPECIFY)	10 MED	ICAL EXAMINER	DATE	3/9	/83
	MEDIC CUTE THE SE 4 SH FUNER FUNER TIMORE	-	Company of the Compan	LAME						7				
	A LTIN	-		YAME Edgar					Lookess 555	-	lt. Nat.	Pike	2122	8
		23a.B	PECIFY)_	ION, REMOVAL 2		1000			RCREMATORY		OCATION OR TOWN	COUNT		STATE
	BP	24 F	Buri UNERAL DIREC		3/12/83	T.O	udon	rark	Cemete		altimore REGISTRAR 256	City,		land
	DHMH - 17 (VR A 15 ME (5))	Ma	cNabb	Funera	l Home	Cato	onsvi	lle.		IAR 1	1983 /	and	. Course	4
	15M 2/80													



DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-John Geisler DEATH MATED 19 83 18 4 RACE 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED Male White 1958 19 83 DEAD 18 la. 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) MD U.S.A. Baltimore County WIDOWED [DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Self-employed J & L Towing Woodlawn Featherbed Lane west of Richard-SON AVE. 13e STREET ADDRESS 13a. STATE Baltimore Woodstock 10514 Davis Ave. YES [NO X 21163 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Geisler Barbara Mathena Laurence 17. INFORMANT Mrs. Barbara Harris 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 213-68-1601 No 10514 Davis Ave., Woodstock, MD 21163 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Mulfiple Injuries IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISFASE DR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO [216. TIME OF INJURY 210 EXTERNAL CAUSE WAS 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 12:15 xxx occupant in auto/auto impact 18 21d. INJURY OCCURRED PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21,201 F WHILE AT WORK XX Road Featherbed Lane west of Richardson Ave Wood awn, Balto. Co., Md. 220. I certify that I taak charge of the remains described above, held an Autopsy Hamicide Undetermined manner TITLE (SPECIFY) Assistant 3-18-83 Dennis F. Smyth M.D. III Penn Street EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE Baltimore Granite Presbyterian Chr. Woodstock MD Burial BP Loring Byerser Funeral Directors, Inc. MAD Q 2000 24. FUNERAL DIRECTOR **DHMH - 17** 8728 Liberty Rd. Randallstown, MD 21133 (VR A15 ME (5)) 20M 4/B2



6611 Windsor Mill Rd

,,21227

8728 Liberty Road Randallstown, MD.

21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IE LINDER BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Maker 3528 Sussex Road 21207 LAST Flarety Charles Todarberber 3528 Sussex Road Baltimore, MD. 21207 APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE CITY OR TOWN , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN STATE Balto. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

- STATE

REGISTRAR

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by the funeral director, page 3 filed within 72 hours offer death

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CENTIF	CATE OF DE	4111	REG. N	O.					
I. D	ECEASED NAME FIRST	WIDDLE	L.	AST	F114	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	₹		
ITY	PEOR PRINT) 7096	PH &	66	Rick			3/1	Y/83	234	0		
3. S		4. RACE	5. DATE C		4	AGE (IN YEARS LAST BIR	THRAVI I	IF UNDER 1 YEAR	IF UNDER 2	M		
1. 5			MONTH		YEAR			ONTHS DAYS	HOURS	MIN.		
	MALE	WHITE	09	2.5	06	76	YRS.					
70.		76. CITIZEN OF WHAT COUNTRY	? 8.	NEVER MA	9	9. BALTIMORE CITY OR COUNTY OF DEATH						
m	ARVLANO	11.50	WIDOWE		RCED T	COUNTY						
10		11. NAME OF HOSPITAL, NURSI			-	20 USUAL OCCUPATI	ON	126. KIND O	E BLIS IN E	MD.		
	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)			TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY				
/		ST. JOSEPH H		TAL		ACCOUNTIN	1G	STATE	EKDS	,		
USI 13a	UAL RESIDENCE (IF NURSING HOME OR C. STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		134. INSIDE CITY	HALITS?	3e. STREET ADDRESS						
	PARYLAND BAL		7719		0 🕱	910 JAMI	E.501	I RD	2100	> =		
	FATHER'S NAME	, , ,		15. MOTHER'S M		7		10.	-17-7	_		
	FIRST	AIDDLE LAST		FIR	57	MIDDLE		LAS	T			
	BERNARD GI	FRICK		LAUR	A 50	HOLTZ						
160.	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRE	SS					
	NO	318-36.	-2889	FAM	14 4 1	CEMARAS						
		y one cause per line far (a), (b), a	ad to t	1.11	1	A		APPROXI	MATE INTERV	(AL		
	PART I. DEATH WAS CAUSED	DV -		Par of	Am	- Rescon	1.00	11.5 21	SMSET AND L	12		
	PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ASHD. Result AMI. Result AMI. Resulted											
	4100	DUE TO, OR AS A CONSEQU	JENCE OF									
	Conditions, if ony, which	(b)										
	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
	underlying couse lost.											
	(c)											
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CERTIFICATION		1				Las autonous	Tabl IF VEC	WERE FINDIN	100			
1 S	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORM	AED.	20a AUTOPSY?		ING CAUSES				
E						YES NO	YES		NO 🗆	j		
78	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	NE VE LE	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)				
	OR CONTRIBUTING CAUSE OF DEAT											
Š	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e, PLACE OF INJURY	19	21f. LOCATION								
MEDICAL		(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	5.7	ATE		
`	AT WORK NOT WHILE									100		
	22a. I certify that (I) (this hospit	al) attended the deceased from			19	_, to		9	that (I) (w	e) last		
	saw the deceased alive on above, (I) (we) (did) (did not	19.	, or	nd that in (my) (or	ur) apinian de	eath accurred on the d	ate and haur	and from the	couses sto	ted		
	22b. SIGNATURE	view the body after death.		DEGREE				22c DATE	SIGNED	_		
		660	A		ENDING	MEDICAL STAI	FF	2/	12/0			
4		of certain	الحيادة		YSICIAN X	DIRECTOR PHYSIC	IAN 🔲	21	1113	3.		
	226 PHYSICIAN'S NAME (TYPE OF	(PRINT)		22e ADDRESS								
				5T. J.	SEPH!	S HOSPITI	94					
230	BURIAL, CREMATION, REMOVAL	23b. DATE , 23c.	NAME OF C	EMETERY OR CRE		236. LOCATION						
-	(SPECIFY)	3/1-/1000 4	11.51	000-	~ 0	BALTO A	1731	COUNTY	ST	ATE		
	FUNERAL DIRECTOR	11011783 17	136	SEDEED	250 DATE	REC'D. BY REGISTRAR	25 PETHETE	17][]	Doc *	1		
24.	HAME / NAME	ADDRESS	100	YOUR Y	AAA	D 1 7 1092	The Co	mary V	much	1		
	-VANS 1-UNOS	AL Chafel	1000	The state of	MA MA	11 - 1 1000	0	~	III O C			

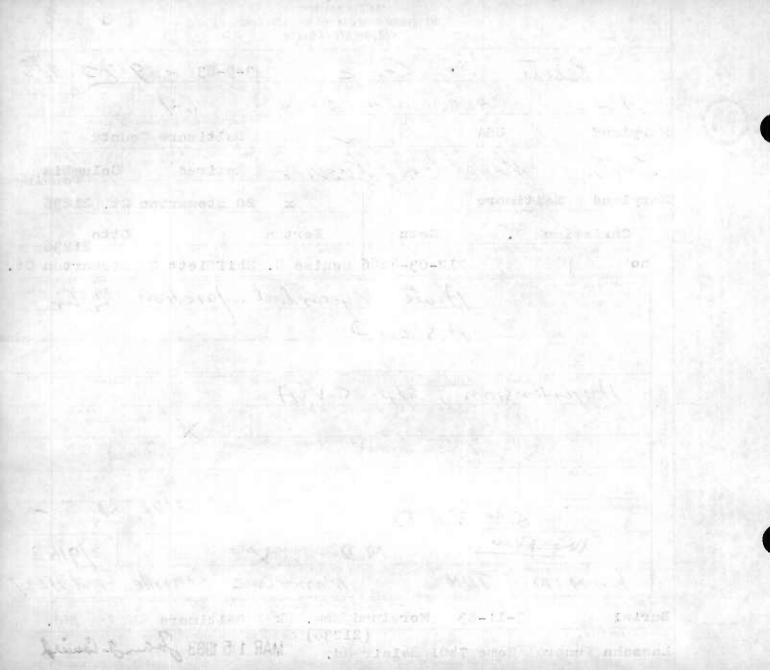
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cal should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

BALTIMONE ST. JOSEPH HOSPITAL LESS SELECTION OF The said the said was a second to the said AND THE RESERVE TO A PERSON OF THE PARTY OF



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) JEAN CORDELLA ESTI-DEATH MATED A 4. RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY 3 PRONOUNCED Female White 11 2 22 DEAD 60 YRS To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
West Virginia MARRIED NEVER MARRIED U.S.A. Baltimore County WIDOWED X DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Rossville Franklin Square Hospital Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Maryland 21221 No 1 158 Langley Road Essex GIVE PAGES 1, 2, VITH FORM PM 3. PAGES 1 AND 2 S AND MENTAL HYGIENE, DIVISION OF VITAL VATION, OR REMOVAL. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST James Young A. Jestie E. Roberts 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRES 78 Jaydee Ave. (YES, NO. OR UNKNOWN) 219-22-4074 Balto., MD. 21222 Faleta C. Thomas No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line 16 r (a), (b), USED AS A BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, ORIAS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES [] NO [E 3 SHOULD BE DEPARTMENT 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK page 4 should be forward **to funeral director:** page after death, with the state i 220 I certify that I took charge of the remains of the bad above. Held an and in my apinian Inspection 1 death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) AFTER DEATH, N BALTIMORE, M DATE 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c, NAME OF CEMETERY OR CREMATORY Burial COUNTY 3/16/1983 Oak Lawn Baltimore Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. **DHMH-17** Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5)) 15M 2/80

The transport of the the state of the s November 12 100 1 MAN

P	1.	FOR STATE REGISTRAR	TE CEDTIFICATE OF PEATH									2 6	
ar deoth	(TYPE	CEASED NAME	John John		J.	G	iza		20. DATE OF D	EATH MG		YEAR - 83	26. HOUR 430 A.
	-	MALE		4. RACE CAUCAS		Sep		1911	6. AGE IN YEAR		YRS.		HOURS MIN
	MA	RTHPLACE (STATE OR ECOUNTRY) RYLAND		76. CITIZEN OF	•-	MARRIE		MARRIED	9. BALTIMORE Baltir	nore	County		٨
illed with		Towson		(IF NOT IN SUC	Joseph	Hospit		STITUTION	120 USUAL OC (TYPE OF WORK FO Glass	R MOST OF W	VORKING LIFE)	Elect	Wester Co.
supplied be	130. S	AL RESIDENCE (IF NURS STATE RYLAND	13b COUN	OTHER INSTITUTION ITY	13c. CITY OR T	NWO	YES 🔀	CITY LIMITS?	134. STREET AD 529 S.		rd Ave	212	24
S. C.		JOSEPH		F.	GIZ	-	FRA	ANCES	,	T.		TANIE	c
medicol		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		1-9190	17 INFORM		1-529 S.	Beln			224
rs ony injury, or other troumotic	MEDICAL CERTIFICATION	gove rise to improve to couse (o), storing underlying couse PART 2. OTHER, SIGN A FUEL 19a DATE OF OPERA	og the lost.	ONDITIONS CO	& Pain		- KT	Detran	200 AUTOPS	Y? 2	Ob. IF YES, W	ERE FINDIN	GS USED OF DEATH?
Mentol Hygiene or Item 18 shows		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	HOUR A	M. MONTH M.	DAY YEAR			YES N	E OF INJURY I	YES [NO []
ked or	MED	21d. INJURY OCCUR	ILE 🗆	210. PLACE (OF INJURY IEET, FACTORY, OFF	FICE, FARM, ETC.)	21f. LOCAT	ION ET		ITY OR TOWN		COUNTY	STATE
Hem 21 is	76/	270. I certify that (1) sow the deceose obove, (1) (was) (c 27b. SIGNATURE	ed olive on.	01	24	1-1	nd that in (my	ATTENDING PHYSICIAN	death occurred o	STAFF			
with the Stote	-	22d PHYSICIAN'S NAME (IVPE OR PRINT) ROBERT J. MAHUN US TOSEPH HOSP, TOUSON UD.											
		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	3/28/				Cemeter	23d LOCATION OF Balt	imore	, Mary	land	STATE
50M 4/82 15, 4)		orge A.We	ber &	Sons Ir	1c.705	S. Ann	St.212	31 MA	R 2 8 198	3	b. REGISTRAF	S. Seickyll	JRE L

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V	,	FOR - STATE			DEPARTN		EALTH AND MENTAL HYG	IENE 8 3	0	6	21
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	FIRST ANN	A ^	VOLE GI	EBA	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	(1177)	E OR PRINT) AN	NA			6-1	-EBA		3 2	1983	230PM
	3. SE	X	4. F	RACE	/	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		1-		,	~	MONTH	/11/1898	84	YRS.	NONTHS DAYS	HOURS MIN.
19	7a. B	IRTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D X NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
01		W York		U.S.A		WIDOWE	D DIVORCED	Baltimore	Count	У	MD.
d	10	Towson		LIF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Convales	ADDRESS)	Center INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake	F WORKING LIFE	12b. KIND O INDUSTRY	OF BUSINESS OR
21	13a.	AL RESIDENCE (IF NURSIN	G HOME OR OTH	ER INSTITUTION.	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		21204	
	M	aryland		imore	Towson		YES NO	305 E. Jon	pa Rd.	. Apt.	1204
in.	14. E/	ATHER'S NAME	MIDI	DIF	LAST		15. MOTHER'S MAIDEN NAM			LAS	
50		Joseph	7.1101		ollack		Anna		inknowi		
lico	16a. \	WAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	SS		
Hed	L	YES, NO OR UNKNOWN)	(IF 1ES, GIVE W.	AR OR DATES)	219-60-8	188	Mr. Joseph G	leba , sa	me as	#13e	
t, the		18 CAUSE OF DEATH	(Enter only o	ne couse per	line far (a), (b), and	t (c)				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
even		PART I. DEATH WA	MWEDIATE C		C.V.	A.		- 1150 (1211)		MIN	INTEZ
afic	4850 DUE TO OR AS A CONSEQUENCE OF										
troum	-	Conditions, if any, a		(b)	BRON	CHOP	NEWMONIA			2)	nys
ar other t	19	couse (o), stating underlying cause		DUE TO, OF	RAS A CONSEQUE	NCEOF	SENILITY				120
njury, a	NO	PART 2. OTHER SIGNI	FICANT CON	nditions <u>cc</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1) !
ony	CERTIFICATION	190 DATE OF OPERATIO	NC	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
Nows	E		100		FEXTIE			YES NO	YES		NO 🗆
em 18 s		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	USE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)	
dor Item	MEDICAL	21d INJURY OCCURRE		21e. PLACE (OF INJURY	ARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
orked	~	WHILE NOT WHILE				1					
21 is mor	-	220.1 certify that (1) (t	alive on	3/1	19.5	3/12	nd that in (my) (aux) opinion of	teath occurred on the d	ote and hour		that (1) (we) last couses stated
E		obove, (I) (we) (die 22b. SIGNATUIL	(did not) v	iew the body	after death.	100	DEGREE	C PROVINCE		22c. DATE	ŞIGNED
±		Don	ald Z	Lon	eville !	em	-	MEDICAL STA		3/	2/83
MPORTANT: If Item 21		DONAL			PERVILLE	_M-D	500 VA-AVE	= Towson	v, MI	212	-04
VI.	1 9	BURIAL, CREMATION, RE (SPECIFY) Cremation	EMOVAL	3-4-8			emetery or crematory Park Cremato	23d LOCATION CITY OF TOWN Baltin	ore, M	county Marylan	STATE
0		UNERAL DIRECTOR			ADDRESS		THE TIME	REC'D. BY REGISTRAR			
	KU	ck Towson F	uneral	Home:	inc. To	wson,	Md . 21204 MAN	1 2 1300	7000	-0	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

To so the race this companies of the com Here we have x . For x , x , y , y , y , y , yJoseph le dosembles, salens -:-- 1 Towns Park Cree Est. Creins . 7 1 10 101 ne. To so There' To e, Te. To so , M. 1154 medical

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

_	1-	- STATE REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.			
		CEASED NAME	FIRST HERINI		M. GO	DDW I N	AST		2a DATE OF D	EATH MONTH	06	YEAR 83	26. HOUR 10:30 R
	II. SE	FEMALE	4.1	RACE Whit		S. DATE C	OF BIRTH	92 ^{YEAR}	6. AGE (IN YEAR	S LAST BIRTHDAY)		INDER I YEAR	IF UNDER 24 HRS
5		RTHPLACE (STATEOR F COUNTRY) Maryland		U.	WHAT COUNTRY?	WIDOWE		ORCED	9. BALT I	MO RE			WE
6		OWSON	11.	NAME OF P	HOSPITAL, NURSIN HFACILITY GIVE STREET NORTH CH	ADDRESS LE		FFT	12a. USUAL OC (TYPE OF WORK FO Project	OR MOST OF WORK			Thy Auch
5	Ma Ma	ryland	136 COUNTY Balti		GIVE RESIDENCE BEFORE 13c. CITY OR TOW TOWSON		13d. INSIDE CI	NOKE		DRESS • Joppa	Roa	ad 212	204
C	14. FA	George M	illing		Godwin,	Sr.		MAIDEN NAM FIRST Nerine	A	I.	5	stone	5†
		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME (#FYES, GIVE W		16b. SOCIAL SECU 212-10-8		17. INFORMAT		837 Wa	ADDRESS lters I	ane	Glend 2115	coe, Md. 52
		Canditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the last.	DUE TO OF	RAS A CONSEQUE ET ASTAT RAS A CONSEQUE	ENCE OF			NAI DISEASE (DR CONDITION	GIVEN	IN PART 1	0
1	CERTIFICATION	190. DATE OF OPERAT	TION		TION FOR WHICH				20a AUTOPS	Y? 20b.	FYES, W	ERE FINDIN	K-11.0
7	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH	AUSE OF DEATH (AL EXAMINER) (RED)	P./ 21e. PLACE (M. MONTH DA	19	216 LOCATIO STREET		ED (ENTER NATUR	E OF INJURY IN ITE	M 18 PART	ORPART 2}	STATE
		27e. I certify that (1) saw the decease	(this haspital)		19	, or	nd that in (my) (eoth occurred o		, 19. I hour or	22c. DATE	SIGNED
1		P. J. P		MD				abile	MEDICAL DIRECTOR C		REE		06-83

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

3-9-1983 Burial

23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Parkwood

23d LOCATION Balctimore

Maryland

ADDRESS 1050 York Road Ruck Towson Funeral Home Towson, Maryland

250 DATE REC'D. BY REGISTRAR 256.

official and some		1508 N.H	3/1	
	50 16 20			JJM 34
7 A TANAN SHARE 12 H.				1 10 2
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and the state of	1070		in Lin	
Maria Commission				
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ers. "B

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumatic event, the

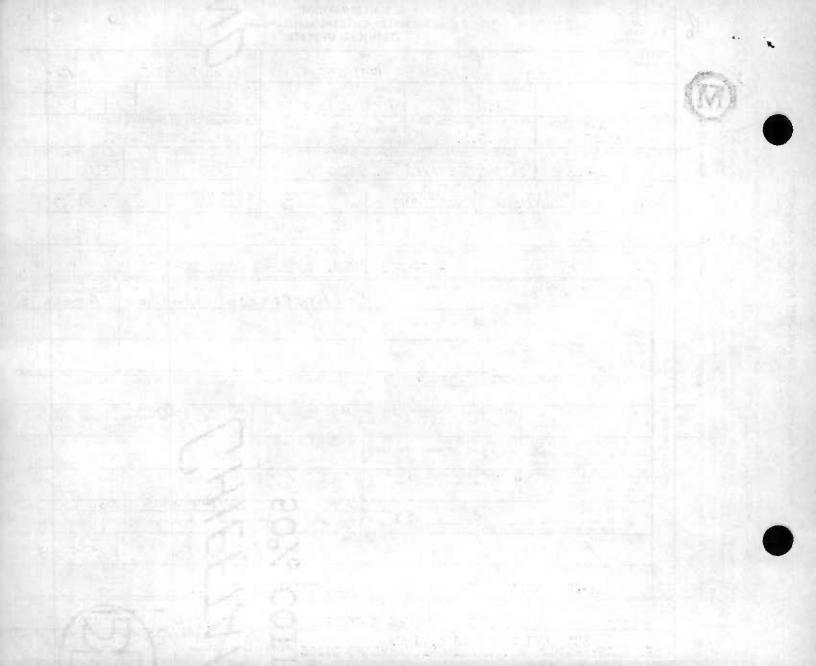
BP. DHMH - 16 50M 4/B2

(VRA 15, 4)

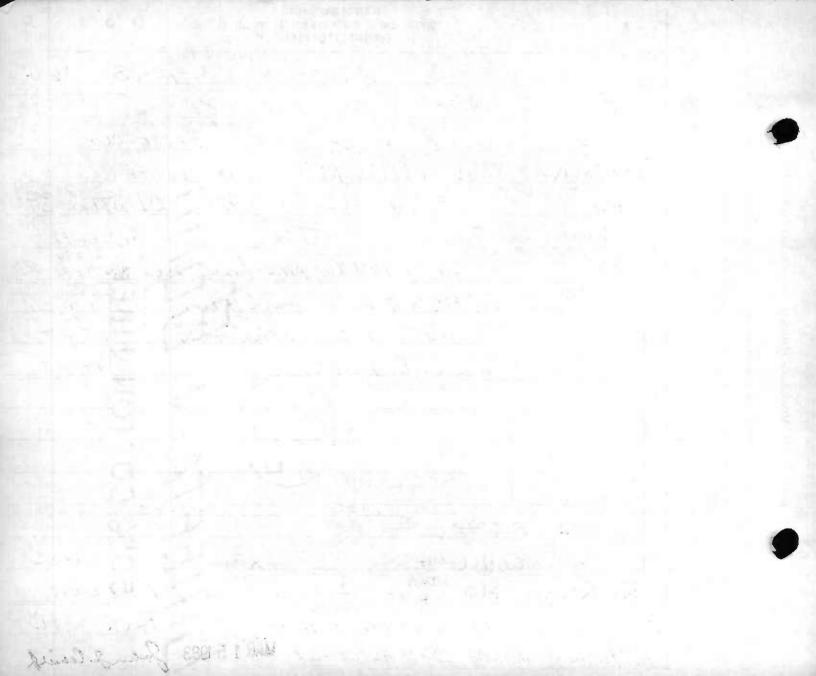
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

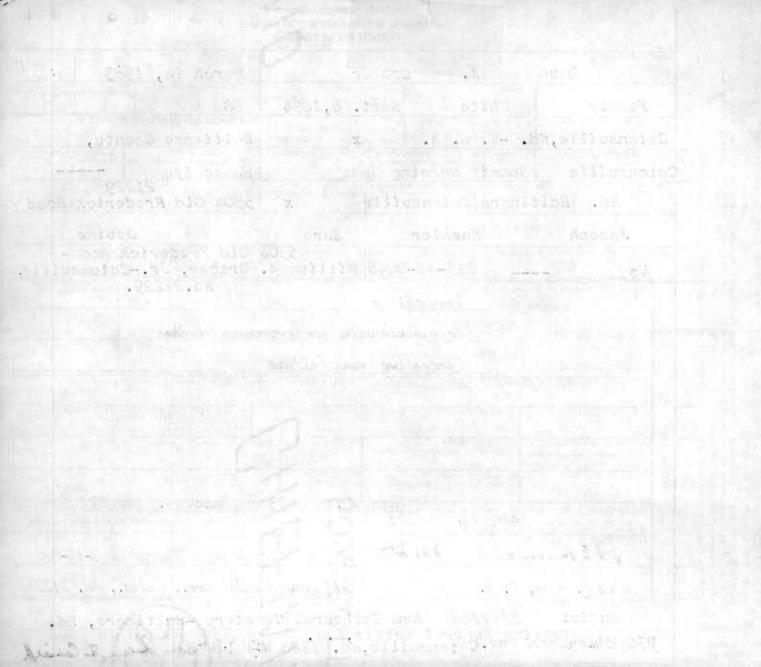
>	1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTA		REG. NO.	0 1	dia	
9			FIRST		AIDDLE	L	AST	20		AY YEAR	26 HOUR	
6	{ TYPE	OR PRINT)	AARO	N N	4.	GC	LDBERG		March 5, 1983		12º- A	M
1	3. SE	х		4. RACE		5. DATE C				IF UNDER 1 YEAR	IF UNDER 24 H	
A	I	MALE		WHITE		NOVEM	BER 18,1912	Î4	68 YRS.	ONTHS DAYS	HOURS M	IN.
1	70. BI	RTHPLACE MARY LA	NÐ	TO CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D X NEVER MARRIE	9.	BALTIMORE CITY OR COUNTY	OF DEATH		
9		BALTIMORE		U.S	.A.	WIDOWE		0 🗆	BALTIMORE COL	JNTY		MD.
0	10. CI	BALT IMORE		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET I YNNEHAVEN	ADDRESS)	21207		G USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE GROCER		BUSINESS	OR
S. C.	13a. S		b. COUN	OTHER INSTITUTION, TY IMORE	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALTIMO	N	13d. INSIDE CITY LIM YES NO X	ξX :	street address 3422 LYNNEHAVEN	DR. 21	1207	
0	14. FA	SAMUEL	^	AIDDLE	GOLDBERG		15. MOTHER'S MAIDE		WIDDIE	DÁÑ	IS	
	16a V	WAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	21207	7	
	()	NO UNKNOWN) (IF YES, GIVE	WAR OR DATES)	219-03-6	348	MRS. GERT	TRUDE	GOLDBERG 3422 1			٤.
The state of the s		Conditions, if ony, we gove rise to immed cause (a), stoting underlying cause	which diote the lost.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	MS(H)		level beforetrain		soment	
9	CERTIFICATION	190 DATE OF OPERATIO	SE				N WAS PERFORMED		20a AUTOPSY? 20b. IF YES.	WERE FINDI	NGS USED	
1		210. ACCIDENT WAS UNDERED OR CONTRIBUTING CAU	SE OF DEA	IH.	M. MONTH DA	Y YEAR	21¢ HOW INJURY O	OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PA	AT 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED		21e. PLACE			214. LOCATION STREET	,	CITY OR TOWN	COUNTY	STATE	
		220.1 certify that (I) (the	alive on.	10	Rei 100	19	nd that in (ray) (our) o	6V pinion deo	th occurred on the date and hour	ond from the	that (H) (we) couses stated	lost
		226. SIGNATURE	eu	rie t	akel	My	DEGREE ATTEND PHYSIC	ING C	MEDICAL STAFF DIRECTOR PHYSICIAN	3 -	SIGNED 5.83	
1	13	22d. PHYSICIAN'S NAM	E (TYPE O	PRINT	72		22e. ADDRESS				OS-CID.	
1		DANIE	L BA	KAL			600 REIS	STERS	TOWN RD.			
		BURIAL, CREMATION, RE	MOVAL	23b. DATE	23€. №	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION CITY OF TOWN	COUNTY	STATE	
		BURTAL		3/6/8			ONTEFIORE C	CEM	BALTIMORE		LAND	
	24 FU	UNERAL DIRECTO SOL	LEV	INSON & RD. BA	BROS IN	IC IARYLA	AND 21215	MAR	8 1983 PEGISTRAR MERCEGISTI	RAR'S SIGNA	week	



A	1.	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		06130
24		CEASED NAME FIRST OR PRINT)	MIDDLE	C. / DRIZEN	REG. NO. 20. DATE OF DEATH	D. MONTH DAY YEAR 26. HOUR 2-83 6 A
der, page	, SE	F	RACE WHITE	5. DATE OF BIRTH MOTO - 29-1401	6. AGE (IN YEARS LAST BIRTH	
eoth. Pog		RTHPLACE ISTATE OR FOREIGN 76 OUNTRY) MD.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	COUNTY OF DEATH
is ofter of	1	DUNDALK /	18046 WAL	HOME OR OTHER INSTITUTION DRESS RD.	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	
n 24 hav	13e. S	AL RESIDENCE (IF NURSING YOME OR OT THE COUNTY		136. INSIDE CITY LIMITS?	13 O DEEL ADDRESS	CLINTON ST
and within 16hd 23	1	NOHP	THORN'S	IS. MOTHER'S MAIDEN NA	MIDDLE	KRUEGER
be execu		VAS DECEASED EVER IN U.S. ARME YES, NO QUUNKNOWN) (IF YES, GIVE W	ar or dates) 166 SOCIAL SECUR 216-01-	4384 LORRAINE	LONG 25	7 234
ires that the death certificate gned by the attending physici in please remove carbon paper burial, cremation, or remove ry, or other traumatic event.		Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN (b) OR CONSEQUEN (c) DUE TO, OR AS A CONSEQUEN (c) DUE TO BE CONSEQUEN	CE OF CLE CVD Che CE OF CLE CVD Che CE OF CLE CE OF		15 gr. 7 14 gr =
has been sign permit. Then permit ob bu	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
YSICIAN: The low reduing physician. is certificate has been benchricoral permit. Mental Hygiene prior prior item 18 shows ony		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	19		
DING PHYS ar attending After this can be os the builth and Munorked or I	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI		CITY OR TOW	
OR ATTENION PROPERTY PROPERTY OF THE CTOR: ched for us Dept. of Hem 21 is		22a.1 certify that (1) (this haspita saw the deceosed alive an above, (1) (we) (411) (did nat) 22b. SIGNATU	3-4-83 19	DEGREE	to 3 2 2 death occurred on the do	ote and hour and fram the couses state 22c. DATE SIGNED
retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		22d PHYSICIAN'S NAME (TYPE ORP R.V. Rangle		22e ADDRESS 7936 (4)	Paul St Zu	ch m/21218
operation of the section of the sect	23a,	BURIAL, CREMATION, REMOVAL		WE OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	BACTO. MD
HMH-16 60M 1/73	24 F	UNERAL DIRECTOR	Kara 3210	MODERAS STATE	R 1 5 1983	256 PEGISTRAR'S SIGNATURE



	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF HEA	F MARYLAND LITH AND MENTAL HYG ATE OF DEATH	GIENE 8 5	06131
		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
moy be poge 3 er death		Reva	A.	Grabei	^	March 14.	1983 9:37 7
Her o	3. SE	x _	4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Female	White	Sept.	8,1894	88	YRS.
A Poor		COUNTRY	76 CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
death The The The The The The The The The Th		atonsville, Me		WIDOWED	DIVORCED [Baltimore	County. Mo
rs after of the followiting	Ca	tonsville	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIM Summit Nur	sing Hon		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSewife	12b. KIND OF BUSINESS OR INDUSTRY
35 po	13a S	AL RESIDENCE (IF NURSING HOME OR STATE Md. Ball		maria / / A	Id. INSIDE CITY LIMITS?	135 SIREEJ ADDRESS F	21229 Prederick Road
omple ond Schrifting	14 F/	Jest Joseph	MIDDLE Kaehî	er	Sara	WIDDLE	Devine
be execution and constant services is medical		VAS DECEASED EVER IN U.S. AR, YES, NO OR UNKNOWN) (IF YES, GIVI	CANAR OR DATES	18-0045	William A.	Graber, J	rick Road- rCatonsville.
rtificate g physicic an papers emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (a),			Md.212	
death ce attending ave corbig fian, or r		4292 Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	ic (ardiovas	cular Disease	
that the day the ease remal, crema		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	sequence of He	art Failure		
requires en signe Then pli or to burn injury, o	NOIL	PART 2. OTHER SIGNIFICANT C	onditions <u>contributin</u>	G TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
The low in in in permit it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V			YES NO	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
og physic certificat rial-trans ental Hyg frem 18 si		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH	H DAY YEAR	It HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	EM 1B PART 1 OR PART 2)
offendir offer this as the bu h ond M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		II LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIP pirtal ar TTOR: A for use of Healt		22a.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not	March 13,	~ ~ /	. 17	death occurred on the date o	nd hour and from the causes stated
AL OR A the hos AL DIREC detoched detoched ore Dept. IT: If them		226. SIGNATURE		11 25 DE	GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 3-15-83
TO HOSPIT TO FUNER should be o with the Str		22d PHYSICIAN'S NAME (TYPE OF	, M. D.		20 ADDRESS 413 Commonu	realth Ave., B	alto., Nd. 21228
P		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/17/83	New Cat	etery or CREMATORY hedral Cer	23d. LOCATION CITY OF TOWN Meteru -Bal	timore. Md. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FJ	236 Edmondsor	ina Funera Ave.Caton	Estate Sville,	1d. 21228 N	TE REC'D. BY REGISTRAR 256. I	John & Carrie



injury, ar ather traumatic event, th

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

	STA	TE C)F	MAI	RYL	AND
DEPARTMENT	OF	HEA	LT	HA	MD	MENT

	REGISTRAR		CERTIF	ICATE OF D	EATH	REG. N	10			
	CEASED NAME FIRST	MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
		CTORIA	GI	RAVES			3	22	83	1 10 M
3 SE	X	4 RACE	5. DATE C			6. AGE (IN YEARS LAST BI	RTHDAY)		DER I YEAR	IF UNDER 24 HRS
	7-	B	MONTH		09	773	YRS	MONTH!	S DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUR	VTRY? 8.	D NEVER M	APPIED T	9. BALTIMORE CITY	OR COUN	ITY OF D	EATH	
	irginia	U.S.A.	WIDOWE	DX DIV	ORCED	Baltimor		ount	5y	MD.
	Randallstown	1	Co.Gere	ral Ho	sp.	120. USUAL OCCUPAT ITYPE OF WORK FOR MOST HOMEMAK		S LIFE) IN	L KIND O	me
13a M		TROTHER INSTITUTION, GIVE RESIDENCE INTY OF THE COURT OF		13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS 7427 Rem	noor	Roa	ad-2	1207
14. F/	ATHER'S NAME	MIDDLE LAS	CT CT	15. MOTHER'S						U
	James	Layr	ie	O	ra	To	vele	ess	LAST	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMAN	VT	ADDR	ESS			
	no (IF TES, G	229-	-74-119	1- Jac	k Gr	aves-7427	Ren	noor	Rd	.21207
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (bi, and (cili						APPROXIA BETWEEN C	MATE INTERVAL
		ATE CAUSE (6) CAR D	10 RESPI	RATOR	24 AR	PREST -				
	4275	DUE TO, OR AS A CON			/		- 3			
:50	Conditions, if any, which		N DEA	TU						
	gove rise to immediate									
	underlying cause lost.	DUE TO, OR AS A CONS	O REPIR	0.000	1000	-				
	DADI 2 OTHER CICALICICALITY									
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN	PART 10	`
CAT	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFOR	MED	20a AUTOPSY?	20b. IF Y	ES, WER	E FINDIN	IGS USED
MEDICAL CERTIFICATION						YES TI NOW		TIFYING YES	CAUSES	OF DEATH?
SE SE	21a. ACCIDENT WAS UNDERLYING			21c HOW INJ	URY OCCURR				RPART 2)	
AL	OR CONTRIBUTING CAUSE OF DE			JUBBRIE						
DIC	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION	N					
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O	PFFICE, FARM, ETC.)	STREET		CITY OR TO	NWC	CC	YINUC	STATE
1.5	AT WORK AT WORK									
330		pital) attended the deceased f		3-15	, 19 63	, to3 -	- 22	. 19		hat (I) (we) lost
	sow the deceased alive a above, (1) (we) (did) (did n	n 3-15 — ot) view the body alter death.	19. 53 . on	d that in (my) (our) opinion o	death accurred on the d	ote and h	our and f	from the c	ouses stated
	22b. SIGNATURE	1.	70	DEGREE				2:	2t. DATE S	IGNED
	X	Thurs 1	15- 1		TENDING -	MEDICAL STA			>-	22-87
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	-	22e ADDRESS	TISICIAN _	J DIRECTOR PHYSIC	TANA		2.	22 4)
	RIDE	PES TRE		BALT	05	(Tr		21	11-	Chital
22- 0	HIDIAL CREMATION OF		100 111/12			COUNTY G	ENE	144	-1101	MITT
230. 8	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		23c NAME OF CE		REMATORY	23d. LOCATION		COUN	NTY	STATE
_		3/26/83	Family	Lot			lava			
24 FL	UNERAL DIRECTOR	ADD - ADD	RESS		25a. DATE	REC'D. BY REGISTRAR	TS. REGI	STRAR'S	SIGNATU	JRE 1
14	elet E.	nutter - 30	35 W.h	1 Stran	C. IVIAN	4 4 1903	man	N	, who	ug

DHMH - 16 50M 1/81 (VRA 15, 4)

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10	1-	FOR STATE REGISTRAR			MEDICAL	MENT OF	HEALTH		ENTAL H	-	L	REG. NO.	6	1 3	3
설문진합니		CEASED NAME OR PRINT)	e First Char	les	Leven	ick	Gı	een		20	OF EST DEATH MAT		Mar.	31,198	26. HOUR 12:25
Director Pitch	3. SEX		4 RACE White	Jan.	LO, 1896	6. AGE (IN YE LAST BIRTHD	ARS IF UN AY) MONTE		HOURS	MIN. PR	DEAD	M		3/ 1983	2d. HOUR
	7a. Bli	RTHPLACE (S REIGN COUNTRY) Mary La	ind		S.A.	TRY?	8. MARRI WIDOW		VER MARRIE	FD 🗀	BALTIMORE Ba	CITY OR C			MD.
30.05			OF DEATH .lstown	II. NAME OF BAI	HOSPITAL, NU UCHEACILITY, GIVES L'IMORE	RSING HOME County	Gen.	Hospital R	TION Dital	12a. USUA FOR MO	LOCCUPATION STOF WORKING L	ON (TYPE OF LIFE) T	WORK 12	onstru	ISINESS RY Ction
F AND 3	13a. S1	RESIDENCE	(IF IN NURSING HOME OF	TO.	ion, give residence	OR TOWN	WII	13d. INSIDE (NO 🖺	13e. STREE 571	ADDRESS 4 Deer	Park	Rd.	21	136
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ORDS, 301 W. PRESTON RE EXECUTED WITHIN 24 DING: IN PENCIL IN ITEX FOICAL EXAMINER AICH SA BURRAL-FRANSIT PER TH AND MENTAL HYGEE ATION, OR REMOVAL.	7	gave ri cause (a lying cou	ns, if any, which se to immediate stating the <u>under-</u>	(b)_ DUE TO	O, OR AS A COM	NSEQUENCE (OF OF		elio sa						
Out of the A	CERTIFICATION	19a. DATE OF	OPERATION	19b. CC	ONDITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20. AUTOPSY	? NO 🗆
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FOR

REGISTRAR

- STATE

(VRA 15, 4)

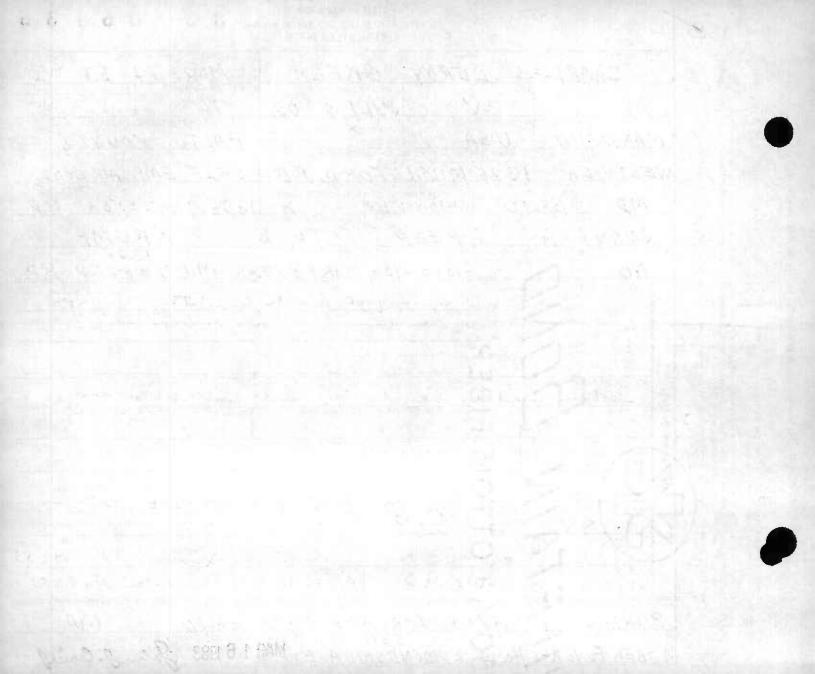
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

6



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BP______ DHMH - 16 50M 1 (VRA 15, 4)

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S. DATE OF BIRTH DAY S. DATE OF BIRTH	BUSINESS OR i C e De
3. SEX Male White White Married Never Ma	MD. BUSINESS OR
Male Male	MD. BUSINESS OR
Reisterstown, Md	BUSINESS OR
Reisterstown, Md USA MARRIED NEVER MARRIED	BUSINESS OR
Reisterstown, Md USA WIDOWED DMORCED X Baltimore Co. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFFOR MOST OF WORKING LIFE) INDUSTRY Randallstown Balto. Co. Gen. Hospt. RetiredBalto.Cb. Pol 20. Wilson Grimes Anna Rhoten 14. FATHER'S NAME FIRST 15. Wilson Grimes Anna Rhoten 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.). PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.). PART I. DEATH WAS CAUSED BY: 19. Wilson Co. Baltimore Co	BUSINESS OR
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 170. KIND OF INDUSTRY 120. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF INDUSTRY 130. STATE 130. STATE 130. CITY OR TOWN 130.	BUSINESS OR
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gove rise to immediate couse (a), stating the underlying cause last [c] CREBROVASCULAR	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
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IN CERTIFYING CAUSES O	
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
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236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	D .
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MPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST Alice	MIDDLE S	Guinan	AST	March 14, 198	DAY YEAR	2b. HOUR
	3. SE)	remale	Nhite	S. DATE C	of BIRTH St 187 1898	6. AGE (IN YEARS LAST BIRTHDAY) 84 YRS	MONTHS DAYS	IF UNDER 24 HRS
5		Maryland	7b. CITIZEN OF WHAT COU $U.S.A$.	WIDOWE		9. BALTIMORE CITY OR COUN Baltimore Co	unty	MD
O	P	ikesville	PikesVille	"Convales		THE USUAL OCCUPATION		OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING H. M. B. COLIN MARY LAND)	OTHER INSTITUTION, GIVE RESIDENCE ITY	E BEFORE ADMISSION) RIOWN EMOTE	136. INSIDE CITY LIMITS? YES NO	3432 Chesnut	Ave	21211
20		Horace	Nich	olson	15. MOTHER'S MAIDEN NA. FIRST Kate	ME MIDDLE ADDRESS	Wile	
2	16a. V	VAS DECEASED EVER IN U.S. AR/ yes NOOR UNKNOWN) (IF YES, GIVI		1-9056	Dennis J. Ni	cholson, Sr. 34		nut Ave.
Armin	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT OF The control of t		NCGO MI	NOT RELATED TO THE TERM			NGS USED
7	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	YES NO NO NET THE NET	YES 🗌	NO [
	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
9		22a.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	n Real	19 8 2 /01	DEGREE ATTENDING PHYSICIAN [medical staff director physician	hour and from the	that (1) (we) lost couses stated SIGNED
		William Redwood			John Hopki	ns Hospital Bal	timore,	Mđ
	(BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE 3/16/83	Green	mount	Baltimore, M	ary Tand	STATE

DHMH - 16 50M 4/82

BP.

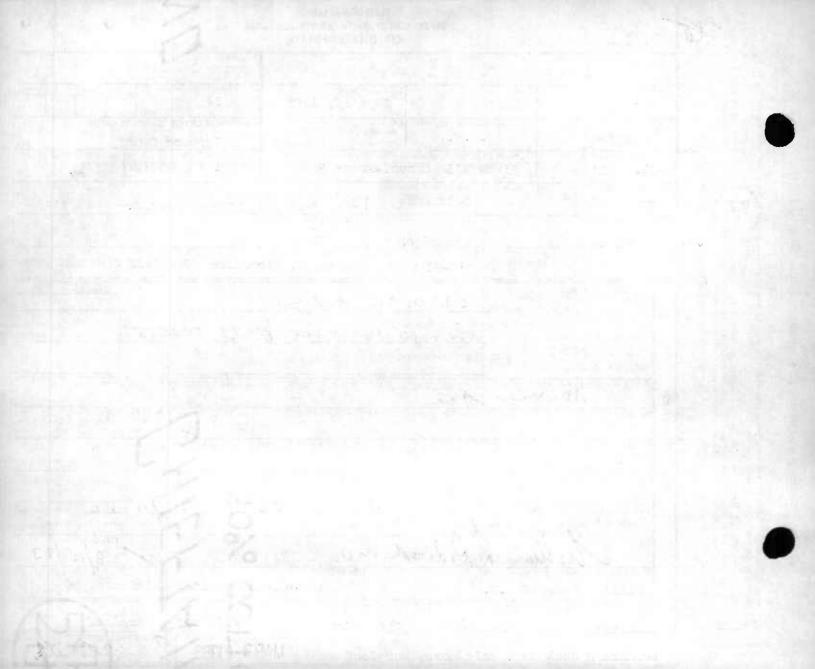
(VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

ADDRESS

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JEGISTRAR'S SIGNATURE



	2	3	1.	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		0 6	1 3	9
				CEASED NAME	FIRST		MIDDLE		AST	REG. NO.	NTH DAY YE	EAR 25 HOL	IR
	ny be age 3 death		(TYPE	JAMES THO	MAS GI	IRDISON	JR.			March 23, 19	4	11.00	
	may , pag		3 SE			4. RACE	OIL	5. DATE		6 AGE (IN YEARS LAST BIRTHDA			-
	98		Ma	le		Caucas	ian	Sep		72	YRS.	DAYS HOURS	MIN
~	a ()	OL	70. BI	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR C		тн	111111
	deor	3		ryland	5-3-F	U.S.A.		WIDOW	DIVORCED	Baltimore Co	untv.		MD,
	te te	10		TY OR TOWN OF DEA	TH	(IF NOT, IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b KI	IND OF BUSINI	ESS OR
1201	o sa la	9		odlawn			alley Ro			Elecrician		struct	ion
AND 2	n 24 ho filled in	35	130 S	iryland	136 COUN	iy Im•re	Woodlaw	N	13d INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS	Road. 2	21207	
MARYLAND 2120	ed within	26		mes T. Gui	disoñ	Sr.	LAST		Is MOTHER'S MAIDEN NAME Leila Buckmas	ME		LAST	
BALTIMORE, I	e execute		160. V	AS DECEASED EVER	IN U.S. ARA		166 SOCIAL SECU 218-07-11		17 INFORMANT	ADDRESS Gurdison, 19	11 72110	Don't	
11 W. PRESTON ST., B	that the death certifical by the attending phy posse remove carbonpa of cemation, ar remove to the trainmatic sees.			18 CAUSE OF DEATI PART I. DEATH W HOO Conditions, if ony, gove rise to imm couse (a), stotim underlying cause	IMMEDIATI which	DUE TO, OI	Acute	INCE OF	ti heart	disease.		PPROXIMATE INTE WEEN ONSET AND 15 M	
RDS, 20	quires signed Then pla ta buria		NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
AL RECORDS,	The law resistion. The has been not permit. It given prior shows ony in		CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20 IN	b. IF YES, WERE FE I CERTIFYING CAL YES 17	INDINGS USED USES OF DEAT NO [TH?
OF VIT	phys phys phys phys phys phys phys phys		-	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PAR	₹T 2)	
DIVISION	G Property the ord		MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ED	21e PLACE			21f. LOCATION STREET	CITY OR TOWN	COUNTY	r st	TATE
ā	haspital haspital RECTOR: hed for us ept. of He			22a. I certify that (1) sow the decease above, (1) (we) id 22b. SIGNATURE	d plive on	3 -	10 108		12, 19, 19, 19, 19	to 3-23-8, depth accurred on the date of		, that (I) A m the causes sta	,
	ITAL Oby the By the RAL Distore Distor			Ala-	ME (TYPE OR	2 Hn	norty	m	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	0 3	-25-6	53
	TO HOSPITA retained by TO FUNERAl should be dee	1	230 R	ABRAHNI URIAL, CREMATION, I	4 B	HUR .		4)	750/ Liberty	RL Belfen 123d LOCATION	vie Md	2120	7
	BP		(5	PECIFY) urial	LINOVAL	3/26/			ew Mem. Garden	CITY OR TOWN	COUNTY	my and	ATE .
	DHMH - 16 60M 1/75 (VR A 15 (4))			NERAL DIRECTOR	alla	V		MEMOR	IAL FH 250 DATE	REC'D, BY REGISTRAR 256.			A
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	1. DE	CEASED NAME E OR PRINT)	DAISY		a.		GWYN				rch 1,		OAY YEAR	11:00am
6	3. SE	FEMALE		RACE BLACK		5.	DATE O	F BIRTH	1915		67	YRS.	MONTHS DAY	
35 57	10. C	IRTHPLACE (STATE OF COUNTRY) MARYLA ITY OR TOWN OF DE BALTIMORE AL RESIDENCE (IF NUE	ND ATH	FI	OF A HOSPITAL, NI CHEACILITY, GIVE	URSING STREET ACC	HOME OF			Ba 120 USI	ltimor	e Cour	126. KIND INDUSTR SCHO	OOL NURSE
35	13a S	LARYLAND	136. COUN	IMORE	13c. CITY OR		1	YES 🗌	CITY LIMITS?		EET ADDRES		FORGR	128 ROAD
30	16a V	HORACE WAS DECEASED EVEL YES, NO OR UNKNOWN)	R IN U.S. ARA	AED FORCES?	GARR	ISON			ALVERTA	ME	MIDDLE ADE	• DRESS	BRI	LEY
1/		NO 18 CAUSE OF DEA PART I. DEATH V			212 1		11A		GEORGI		CWYNN	5034		RD. 2112
injury, or other traumotic ev	NO	Conditions, if any gove rise to im cause (a), stati underlying caus	y, which imediate ing the e lost.	(b) DUE TO, O	R AS A CONS	SEQUENC	CE OF	NOT RELATE	ED TO THE TERM	MINAL DIS	SEASE OR CO	DNDITION G	IVEN IN PART	l(a)
18 shows any	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OP	PERATION	WAS PERF	ORMED	20a /	X NO	IN CERT	ES, WERE FIND IFYING CAUSI 'ES []	DINGS USED ES OF DEATH?
Hem	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEAT	21b. TIME C HOUR A. P. 21e. PLACE	M. MONTH	d DAY	YEAR 19	21c. HOW I	NJURY OCCUR	RED (ENT	ER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2	
is marked or	ME	WHILE NOT W	ORK	(AT HOME, ST	REET, FACTORY, O			ary 8.	ET		CITY OR March	TOWN	10 83	STATE
5		saw the decear obove, W (we)				19 8.	3, one	d that in (i)	() (aur) opinion			date and ha	our and from th	
NT. If Item		226. SIGNATURE	O. Wa	dhwa			D	EGREE	ATTENDING PHYSICIAN	MEDIC DIREC	CAL ST	TAFF SICIAN	22c. DA	TE SIGNED
MPORTANT		Dom Wa	adhwa,					9 6 00	Frankl	in S	quare	DRive	Balti Md. 2	more 1237
2		BURIAL, CREMATION (SPECIFY) BURIA		3/5/83	3			METERY OF	ERY	20	OCATION CITY OF TOWN HITE M	ARSH	(BALTO	STATE MD.

4517 PARK HEIGHTS AVENUE

WHITE MARSH (BALTO)

DHMH - 16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR

LEWIS T. GWYNN

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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4903 5034				
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WISKY MRS. ANNE ADDRESKELSTEIN BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 REBEOVASCULAR ACCIDENT WITH RIGHT HEMIPARESIS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE 22c DATE SIGNED 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL MAR.3,1983 BALTIMORE HEBREW FRIENDSHIP MARYLAND BP 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. DHMH - 16 50M 4/82 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO. MD 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

02

IF UNDER 1 YEAR

2b. HOUR

12h, KIND OF BUSINESS OR

#21208

AT HOME

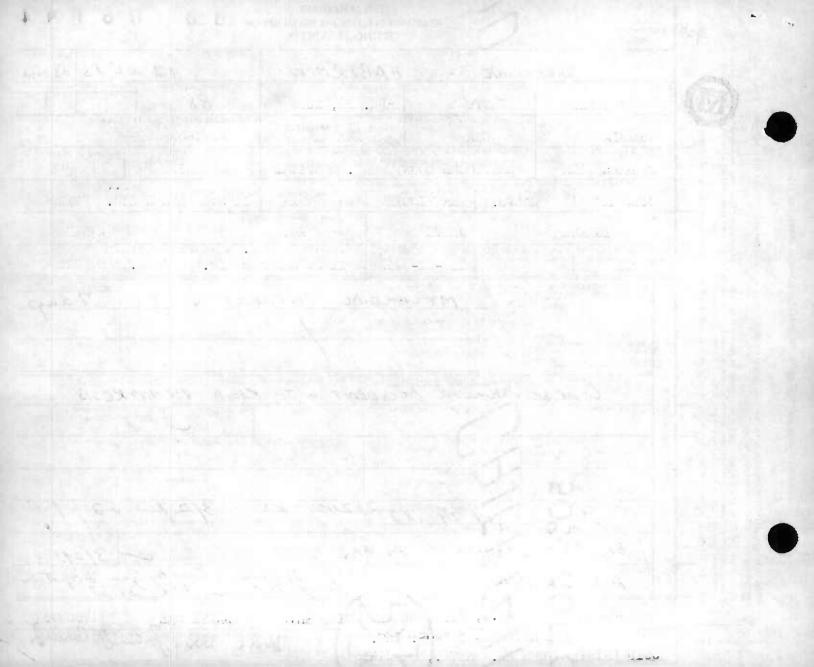
03 200AW

IF UNDER 24 HRS

FOR

- STATE

REGISTRAR



je		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	10.	
		DECEASED NAME FIRST	MI	DDLE	1	AST	2q. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
may be r. page 3	L.	VI(DLET MAE	HAJEW	SKI			3/8/83	1:30P
may pog	3.	SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE		DER I YEAR IF UNDER 24 HRS
ge 4 rs of		Female	White		Nov	21,1924 YEAR	58	YRS.	AS DAYS HOURS MIN.
Pour Pour Pour Pour Pour Pour Pour Pour	70	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY		DEATH
nero n 72	5	Maryland	U.S.	A.	WIDOWE		- DAI TIMO	RE COUN	ITY M
s ofter d by the fu iled with	7 10	CITY OR TOWN OF DEATH TOWSON	11. NAME OF HO	OSPITAL, NURSIN FACILITY, GIVE STREET CHARLES	IG HOME C ADDRESS) S ST	GBMC	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWI)	TION 12	26. KIND OF BUSINESS OF NDUSTRY
24 how	V: No.	MAL RESIDENCE (IF NURSING HOMES STATE Maryland	DR OTHER INSTITUTION, G JNTY	NE RESIDENCE DEFORE 30. CITY OR JOW Baltimo	ADMISSION)	13d. INSIDE CITY LIMITS? YES \ NO \	13e. STREET ADDRESS 5106 Cross		21214
	14.	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST
	20	Vernon	A	Zang		Pearl	E	Norw	
executed and compages 1 an	16	WAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		
Pag med	4	NO (TES, NO OK UNKNOWN)	SIVE WAR OR DATES)	219-12-	3320	Mr Joseph	T Hajewski	c	Same
certificate b ing physicia rban papers. r removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	ne for (a), (b), and	d (c).)	F INFERIOR			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ag b bang rem		1820 IMMEDIA	ATE CAUSE (0)	SIKUUI	TON	T INFERIOR	VENA CAV	A	
e death ce tottendin mave carb totian, ar			DUE TO, OR	AS A CONSEQUE	NCE OF	STROMAL SA	DOOMA MIT		
dec otto otto		Conditions, if any, which	(b) E	NUOMET	TIAL	STRUMAL SA	ARCOMA WII	m	
that the last the ease remail, creminal, creminal rothers		cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF	ABDOMINAL M	IE I ASTASES		
quires signed Then pla to buria	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	ITRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	1DITION GIVEN IN	N PART 1101
bee mit.	NOTIFIC ATION	190. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
40 - 40 0 /	- 5	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF	INTERP		1216 HOW INJURY OCCU	YES NO	YES 🔀	
phys ifico ifico in 18		OR CONTRIBUTION TO CHIEF OF A	EATH HOUR A.M.	. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	KKED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART) C	OR PART 2)
1 5 5 7	MEDICAL	MOI WANTE	21e. PLACE OF	F INJURY T, FACTORY, OFFICE, F.	ARM, ETC }	211. LOCATION STREET	CITY OR TO	OWN C	COUNTY STATE
DING P or after After the e as the alth and morked		220 I certify that (I) (this has	nital) attended the	decensed from	- ;	2/17 10 83	3 to 3/8	10	83 , that (I) (we) los
TEN TO OR: THE		saw the deceased alive a above, (1) (we) (did) (did)			33_, or	nd that in (my) (aur) opinio			, (11 (110)100
R ATTE hospito RECTO ned for spt. of t		obove, (1) (we) (did) (did r 22b. SIGNATURE	iat) view the body at	ter death.	-	DEGREE			22c. DATE SIGNED
F 000		KB	leiting.	den	_	ATTENDING PHYSICIAN	MEDICAL STA	AFF _	3/9/83
d b d b NEF		22d. PHYSICIAN'S NAME (TYPE			0.029	22e ADDRESS			
TO HOSPITAL retained by 1 TO FUNERAL should be de with the State		DR R. BREIT	TENECKER			GBMC			
다 한 다 # M 포 프	23	BURIAL, CREMATION, REMOVA	L 23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP		Cremation	3/10/	83	Green	marrat	Baltimore	e, Maryla	and state
DHMH - 16 50M 4/82	24	FUNERAL DIRECTOR			OT SOLI	25a. DA	ATE REC'D. BY REGISTRAL		
(VRA 15, 4)		Leonard J Ruc	ak Inc B	ADDRESS	Mar	wiland M	K I O 1202	Jours	
				A LANGE OF THE STATE OF THE STA		Market Ma			

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages I and 2 should be filed within 72 had with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH-16 50M 1/B1 (VRA 15, 4)

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EPARTMENT	OF	HE.	ALTH	AND	MENTAL	HY

GIENE D

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	REGISTRAR					CERTII	ICATE OF DEATH	REG. N	40				
		CEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DEATH		DAY	YEAR	2b HOL	UR
	(TYP)	E OR PRINT)	Heler	Sav	ery	HALL		March 22	, 1983	3		6:45	P,
	3 SE	X		4. RACE		5. DATE (6. AGE (IN YEARS LAST BE	-	IF UNDER		IF UNDER	
	100	Female		Whit	e	Octo	ber 28, 1899	83	YRS.	MONTHS	DAYS	HOURS	MIN.
0	7a. B	IRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEA	ATH		
7		unknown		U.S	.A.	WIDOW	D NEVER MARRIED	Baltimore	Co.,	Md.			M
0	2	ITY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET A TVIEW NUR	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST School te	TION OF WORKING LI	12b. K	JSTRY	FBUSINI	ESS OF
5	13a. S	AL RESIDENCE (IF NUR STATE aryland	13b COU	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1 Eastern				1221	
0	14 F/	ATHER'S NAME FIRST	Unkno	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	we unknown			LAST		
		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESSBalt	imor	e,	Md.	
	'	No	(1) (23, 31)		218-22-5	902	Arvella Fort	i 2514 Lin	wood R	load	21	224	
		18 CAUSE OF DEAT	TH (Enter or	nly ane cause per	line far (a), (b), and	d (c).1				BE	APPROXIA	MATE INTER	RVAL
		PART I. DEATH V		D BY: TE CAUSE (a)	Cardiac A	rrest						med.	
		Canditians, if ony gave rise to im couse (a), stati	mediote ng the	(b)	R AS A CONSEQUE R AS A CONSEQUE	OPD NCE OF					Y	ears	5
				(c)	Senile De				2			ears	5
	NO	PART 2 OTHER SIG	NIFICANT (CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	VEN IN PA	ART I (a	1	
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE F FYING CA	FINDIN AUSES (GS USEI OF DEAT	TH?
7	-	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DE	1111	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 F	PART 1 OR PA	ART 2)		
	MEDICAL	21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	HILE	21e. PLACE (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUN	YIY	S	STATE
		220 I certify that (I saw the decease abave, (I) (we) (ed olive an	2/22	19 8	3/27/	nd that in (my) (our) opinion	, to <u>3/22</u> deoth occurred on the d	late and hav	19_83 or and fra		hat (1) (v	.,
		226. SIGNATURE	Ro	viers	M.L	Q	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		19		3, 1	1983
,		226, PHYSICIAN'S N	AME TYPE C	R PRINT)	,		22e ADDRESS	2-3/42		10			
		Morri	is Rai	ness, M	.D.		1 Eastern Bl	.vd. Esse:	x, Mar	rylan	nd		
		BURIAL, CREMATION	-				EMETERY OR CREMATORY	23d. LOCATION		COUNTY		S	STATE
	24 FI	Cremati		Mar 2	2, 1983 G	reenn	Belair Road 250. DAT	Baltimo:	re Mar	YLan	CHAT	IDB A	
		NAME	pel Fund	eral Homes	, Inc. ADDRESS		ore, Md. MAR	231983	John	- Je	in	M	1

pack these dilly and stocks with the EH STOMOUS

Bruzdzinski Funeral Home PA 1407 Old Eastern AvenAR 1

FOR - STATE

REGISTRAR

24. FUNERAL DIRECTOR-

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

12 HUD OF CHETHESS OR

Smelting & Ref

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

21220

IF UNDER 24 HRS

IF UNDER 1 YEAR

Same

COUNTY

250. DATE REC'D_BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c DATE SIGNED

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TO FUNERAL DIRECTOR: After this certificote has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 hours aft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

UR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

TO HOSPITAL

IMPORTANT: If them 21 is marked or them 8 shows any injury, or other troumatic event, the medical examiner in

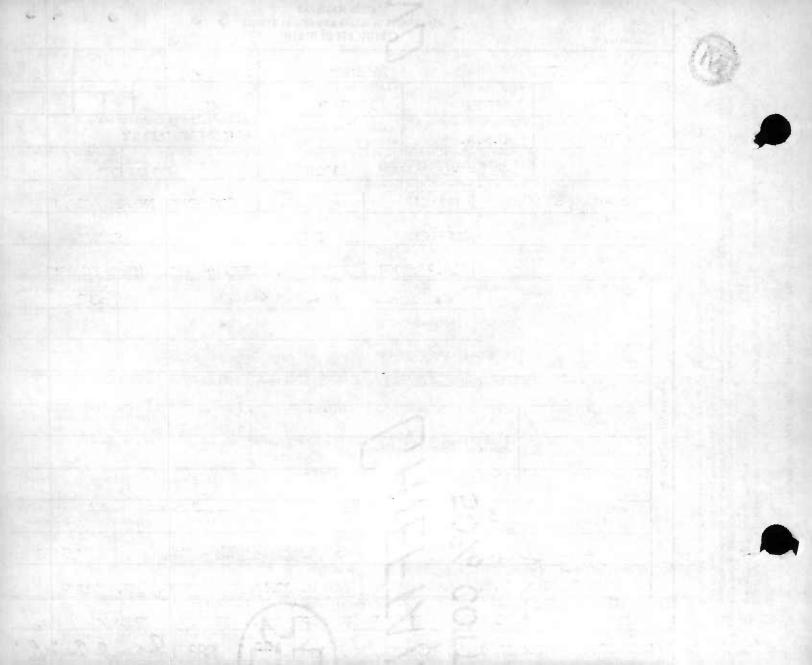
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STATE OF MARYLAND

	1 -	STATE REGISTRAR			DEFARI	CERTIF	ICATE OF DEATH	iene o	REG. NO	Э.				
		CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF D	EATH	MONTH	DAY	YEAR	2b. HOUR	
	(TYPE	OR PRINT)	PATRIC	IA	ANN	HART	LOVE	MARCH	29,	1983			4:45	PM
	3. SEX	(4. RACE		5. DATE C		6. AGE IN YEA	RS LAST BIR	THDAY)	IF UNDE		IF UNDER 24 H	_
		FEMALE		WHIT	E	3/	7/1938	45		YRS.			HOURS MI	Ν.
	C	RTHPLACE (STA			WHAT COUNTRY?	8. MARRIE	D A NEVER MARRIED	9. BALTIMORI	_	_		ATH		
)		MARYLANI TY OR TOWN O		U.S.		WIDOWE	DR OTHER INSTITUTION	BALTIN				MI 12b. KIND OF BUSINESS OR		
)	100	DUNDALK		220	MAPLE AV	ENUE	21222	(TYPE OF WORK F	OR MOST O		IFE) IND	USTRY	F BUSINESS V	JR
1	13a. S	MARYLANI	D BAI		131. CITY OR TOV	VN	138. INSIDE CITY LIMITS? YES NO 🔯			E AVI	ENUE	21	222	
3)	SHUMAN		WIDDLE	MCMAHON		15. MOTHER'S MAIDEN NAME FIRST	WE	MIDDLE		ST	LAST OLBA		
	IY	ES NO OR UNKNOW		ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT		ADDRE					
И		NO			219.26.	3068	WILLIAM E. H	ARTLOVE	JF	2 (5	SAME		13E)	
6		II. CAUSE OF	DEATH (Enter	only one couse per	r line for (o), (b), or	nd (c1.)	- 1	. +			-	ETWEEN	NATE INTERVAL	ТН
		PARTI. DEA		ATE CAUSE (6)	Cana	Language	72 1	res				37	-1	
		174	19	DUE TO, O	R AS A CONSEQU	ENCE OF								
		Conditions, if		((b)_										
		gove rise to couse (a),		DUE TO O	R AS A CONSEQU	ENCE OF								
		underlying	couse lost.	((c)										150
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
	ē.													
2	CERTIFICATION	19a. DATE OF O	PERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED			IN CERT	IFYING C		OF DEATH?	
	RTIF				F #1418V		Tax HOW IN HUBY OCCUPA						но 🗆	
	T CE	21a. ACCIDENT W		The same of		AY YEAR	ZIE HOW INJURY OCCURR	CED (ENTERNATO	AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
	MEDICAL		Y MEDICAL EXAMIN		.M.	19	211. LOCATION							_
	WED	216. INJURY OC	NOT WHILE		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TO	WN	co	UNTY	STATE	
			at work	nitol) ottended a	ne deceosed from.	17	79 19	to	3/4	-9	. 19_4	2	that (I) (we)	lost
J		sow the de	eceosed olive	on 310	9 19	£7 ×	nd that in (my) (our) opinion o	death occurred	on the de	ote and ha	our and f			
		22b. SIGNATUR		not) view the body	offer deoffi.	1515	DEGREE				22	c. DATE	SIGNED	
			ana	Segul	-		ATTENDING PHYSICIAN E	MEDICAL DIRECTOR	PHYSIC			3/30	/1983	
		22d. PHYSICIAN	Y'S NAME (TYP	E OR PRINT)		X11	22e. ADDRESS			-0.7				
		ARTHUI	R SERPI	CK, M.D.			2360 W. JOPP.	A RD.,	BALT	O., 1	D.	212	04	
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR								23d. LOCAT			COUN	TY	STATE	
		BURIAL		4/1/1	.983 BI	EL AIF	R MEMORIAL GDS	. BEL	AIR		ARFO	RD_	MD.	
		UNERAL DIRECT		ADTES:	ADDRESS.			E REC'D. BY RE	GISTRAR	25 GIS	TRAR'S	SIGNAT	URE	9
	WAJ	LIEK BK	JUKS BR	ADLEY, I	NC., DUNI	DALK,	MD. 21222 API	K 4 19	83	Jac	wo	لها مكا	bell	-

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 D	6 1 4 6
	. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
deo deo	Theresa		Hawkins	03 09	O J LOGOL M
m 4 m		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
Sign of the sign o	Female	Black	ulmlan	68 yrs.	
off C	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Vashington D.C.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Count	
is after death, Page 4 may be by the funeral director, page 3 filed within 7 hours affer death anotified at the		 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET 	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOUSEWIFE	126. KIND OF BUSINESS OR
filled in light of the state of	USUAL RESIDENCE (IF NURSING HOME OR. 130 STATE Md. Prince	OTHER INSTITUTION, GIVE RESIDENCE BEFO TY 13c. CITY OR TO		13e STREET ADDRESS Rt. 4 Box 132	Drandywine Md.
completely filled in 1 and 2 should be 1	4 FATHER'S NAME FIRST Charles	IDOLE LAST	15. MOTHER'S MAIDEN NA FIRST Harriet	ME	Doye
ico es -	60. WAS DECEASED EVER IN U.S. ARA			ADDRESS	
Pages Pages	I O	578-26-	5987 Sr. Joan Ma	rie 4100 Maple A	Ave. Balt. Md. 2
then signed by the attending physicial to the carbon papers. Then please remaced are bound, cremotian, are manacel y injury, or other traumatic event, the	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE (c)	UENCE OF		/EN IN PART I (o
ote has been nsit permit. The years any in shows any in	190 DATE OF OPERATION 170 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Ca of Breeze	H OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO
E 5	OR CONTRIBUTING TO CAUSE OF DEAD	P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18. F	PART 1 OR PART 2)
alth and M marked ar	OR CONTINUENT MEDICAL EXAMINER) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
for us	220.1 certify that (1) (this hospit saw the constitution obove (1) we (did) (fid no)	ol) attended the deceased from	3 , and that in (my) aur) apinion	death occurred on the date and have	19, that (1) we)last or and from the causes stated
NERAL DIRECTOR: be detached far us e State Dept. of He TANT: if them 21 is	22b. SIGN	h		MEDICAL STAFF DIRECTOR PHYSICIAN	3-10-83
O FUNER hould be with the Si	22d PHYSICIAN'S NAME (TYPE OR Aiden Vals		222 St. Pa	ul Street Balt. M	ld. 21202
F 2 3 ₹ 1	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d, LOCATION CITY ORTOWN	COUNTY STATE
	Burial	3-14-83 S	st.Peters Cath	Waldorf	Chas Md
50M 7/77 15 (4))	14 FUNERAL DIRECTOR NAME Hartell Adams	20605 Aquasco	Rd. Aquasco	1 6 1983 PAR 25 COLO	TRAR'S SIGNOURE

O P. D. C. St. T. C. St. Bayer Library of the state of th Buriul 3-14-63 Tat. Penera Cata . Maluori Chus . Ma A CANAL THE STATE OF STATE OF

B	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	06147
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
poge 3		L015	M. HEAR		MAR.	1,1983 M
ectar, po	3. SEX	F	4. RACE	5. DATE OF BIRTH MONTH 6/11/6 YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.
1183		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	COUNTY OF DEATH COUNTY MD.
100		IPDLE RIVER	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) ADDRESS) RD	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
filled in E	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF		RIVER YES NO D	1124 STREET ADDRESS	EVENS RD
ond 2 sh	14 FA	THER'S NAME	MIDDLE LAST CHEATHAM	15. MOTHER'S MAIDEN NA	WIDDLE	OR
Poges 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		8878 THOMAS (HEATHAM	BLUERIDEE AVE
gned by the ottending pin please remove corbons, buriol, cremotian, or remry, or other troumatic eve		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO		MIN AL DISEASE OR COND	OITION GIVEN IN PART HO
been simit. The prior to ony inju	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
s certificate has ourial-transit per Mental Hygiene or Item 18 shows		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	AIH	AY YEAR	YES NO	
After this certil se as the burial- olth and Mental marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOV	WN COUNTY STATE
for us of He 21 is		sow the deceased alive or	n 222 19 ot) view the body ofter death.	, and that in (my) (our) opinion	death occurred on the do	19 3 , that (1) (we) lost the and hour and from the causes stated
VAL DIREC detached ate Dept. VT. If Item		22b. SIGNATURE	money	DEGREE DATTENDING PHYSICIAN	MEDICAL STAF	FIAND 220. DATE SIGNED
ould be the St.		224 PHYSICIAN'S NAME (TYPE	OMBhu, M.D.	220. ADDRESS 305 Fusel	Aux Ave B	alto Ind. 21220
TO FUN should b with the IMPORTA		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF CEMETERY OF CREMATORY EDAR HILL	23d. LOCATION CITY OF TOWN BALTO	COUNTY STATE
H - 16 50M 4/B2	24. F	UNERAL DIRECTOR	ADDRESS	11 ACF NA		REGISTRAR'S SIGNATURE

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FOR

STATE OF MARYLAND

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		1.	FOR - STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO	0	6	5 2
m.s			CEASED NAME FIN	RST	A	AIDDLE	i	AST	2a. DATE	OF DEATH	MONTH DAY	YEAR	2b. HOUR
y be			I	LOUISE		K.		HERZOG		ch 15,			12: 22A
to, page 3		3. SE			ACE		5. DATE C			IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
0 0 5			Female		White			ary 6, 1964	79		YRS.		
£ 25	25		IRTHPLACE STATE OR FOREK COUNTRY) Mary Land	GN 76 C	U.S.	WHAT COUNTI	8. MARRIE WIDOWE	D NEVER MARRIED DE DIVORCED		NORECITY O			WC
rs ofter dea by the fune filed within	90		Towson	1	(IF NOT IN SUC	Modical	Conto	OR OTHER INSTITUTION	(TYPE OF V	AL OCCUPATION OF THE CONTROL OF THE		12b. KIND O INDUSTRY	F BUSINESS OR
24 hou	33	USU 13a. Mai	AL RESIDENCE (IF NURSING H STATE 136 ryland I	COUNTY Baltir	more	GIVE RESIDENCE BE 13t. CITY OR TO TOWSOT	FORE ADMISSION) OWN 1	13d. INSIDE CITY LIMITS? YES □ NO本本	130. STRE	et address 1 Sheal	Ley Ave	nue	21204
ed within	1	14. F/	John John	Fred	N.E	Off st		15. MOTHER'S MAIDEN N Anna	AME	MIDDLE	P	aker las	
n ond co	medico		VAS DECEASED EVER IN U	J.S. ARMED YES, GIVE WAI		166. SOCIAL SI 215-22		William R. H	lerzog	9 Otho		Road	21093
ow requires that the been signed by the mit. Then please reprior to buriol, cremprior, to buriol, cremprior to buriol, cremprior to burior.	rs ony injury, or other troumatic	CERTIFICATION		ote the ost.		AS ONTRIBUTING		NOT RELATED TO THE TER		ASE OR COND	20b. IF YES, V	VERE FINDIN	IGS USED
SKIAN: The physicio physicio certificate liriol-transit entol Hygie	Hem 18 shows	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYS OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	E OF DEATH	P./	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCU	YES [YES [но 🗌
NG P r otter os the	morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify thoughthis			EET, FACTORY, OFFI	0	STREET 1866	210	CITY OR TOV	vn	COUNTY	STATE that (I) (we) lost
OR A he hosp	MPORTANT: If Rem 21 is	The state of the s	sow the deceosed of photo. University (did (1) 11 11 11 11 11 11 11 11 11 11 11 11 1	did not) vie	ew the body	offe death.	83.	DEGREE	MEDIC DIRECT	al STAFOR DHYSIC	F IAN 🗆	22c. DA/E	SIGNED
of of of state of the state of	₹	23a. I	BUDIAL CREMATION DEM				3c. NAME OF C	EMETERY OR CREMATORY	23d LC	CATION			
BP			(SPECIFY) Burial		3-17-1			ect Hill		owson,		Mary.	land
7 - T			UNERAL DIRECTOR			1				Y REGISTRAR			
DHMH - 16 50M 4/ (VRA 15, 4)	82		k Towson Fur	neral	Home,	ADDRES	2	A A	AR 17	1983	John	-	anell

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18	1.	FOR STATE REGISTRAR	DEP	TATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	06153
1		CEASED NAME FIRST LOLA	MIDDLE	LAST LITELITOT TOD	20. DATE OF DEATH	
r dept			L	HEUISLER	MARCH 12	
of.	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HR
director, hours oft		EMALE RTHPLACE (STATE OR FOREIGN	WHITE 76. CITIZEN OF WHAT COUNT	MAY 3 1892	90	YRS. PR COUNTY OF DEATH
15 25 ZZ	M	COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	1000	
within within		TRYLAND ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NU	WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	BALTIN	
filed w		BALTIMORE	ST. JOSEPH	REET ADORESS)	BINDER	
ad 2 should be f	130. S	THER'S NAME	ROTHER INSTITUTION, GIVE RESIDENCE B NTY 13c. CITY OR 1 -TIMORE LAST	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS? YES NO DEPARTMENT OF THE PROPERTY	138. STREET ADDRESS 3416 W	2123
e medical e		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL S	ECURITY NO. 17. INFORMANT	RECORDS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
prior to buriol, cremotion, or removo	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) Congesti DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	ve Cardiomyopthy & F		
0 0	TIFIC,	THE DATE OF CREATION	THE CONDITION TOR WI	ICH OPERATION WAS PERFORMED	YES TO NOTE	IN CERTIFYING CAUSES OF DEATH?
Hem 18	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
marked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	ICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
Dept. of He f Hem 21 is		22a.1 certify that XI) (this hasp sow the deceosed alive a abave, X (we) (did) (XdX) 22b. SIGNATURE	ital) attended the deceased from March 12	March 5, 1983 983, and that in No. (aur) opinion DEGREE ATTENDING		19 83, that (K(we) la ate and hour and from the causes stated
		22d. PHYSICIAN & JAME (Tyre	CAPRINTI BHILAD	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	3-/3 timore, Md. 2120
with the State IMPORTANT:	220 5	IN THE STATE OF TH	Ton Days		Total LOCATION	
should be derived with the Stote		SURIAL, CREMATION, REMOVAL SPECIFY)	2//	31. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN BALTO. (COUNTY MD. STATE

of the Control of the Prince Control of seguitation of the Telephones of Control TANK THE PROPERTY OF THE PARTY Hill this was the name of the second to the

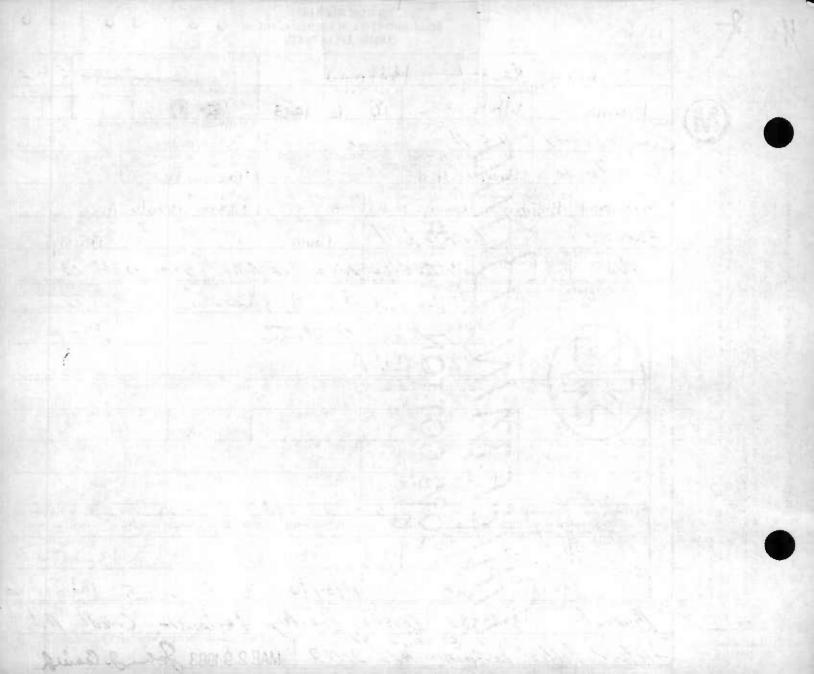
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PROBES N. H Le . Co.			.print	4	
OF Malmost July Philipping and Po		Aspa-Punci			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

41110 THE DECEMBER 1994M



U	STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO		•	
	CEASED NAME FIRST	MIDE	DLE	l l	AST	20. DATE OF DEATH		Y YEAR	2b. HOUR
[TYPE	E OR PRINT) DAVI	D		Н	OLLAND	MARCH 24.	1983		10:40A
3. SE		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HI
	MALE	WHITE		AUG	5. 10, 1902	80	YRS.	DATS	HOURS MI
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY?	10	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH	
	JEW YORK	USA		WIDOWE		BALTIMO	RE COU	NTY	
10. C	ITY OR TOWN OF DEATH		SPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND C	OF BUSINESS
1	PIKESVILLE		LLE NUR		HOME	SALESMA			TAIL
	IAL RESIDENCE (IF NURSING HOME STATE 136 CO		E RESIDENCE BEFORE		13d, INSIDE CITY LIMITS?	13e. STREET ADDRESS	APT	. 1B	
1	MARYLAND BAI		BALTIMOF		YES NOXIXIX	3506 LANGE	EHR RD	. #:	21207
	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	CT.
	HARRIS	MIDDLE	HOLLA	ND	BERTHA	MIDDLE		EISEN	
	WAS DECEASED EVER IN U.S.		SOCIAL SECU	IRITY NO.		IRS. MOLLATERE	HOLLAN		
1	(YES, NO OR UNKNOWN) (IF YES, 1	GIVE WAR OR DATES)	01-01-8	103	3506 LANGRE	EHR RD. BA	LTO.,	MD 2:	1207
CERTIFICATION	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION	CONDITIONS CON		DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	20b. IF YES, \	WERE FINDI	NGS USED
E	THE PART OF					YES NO	YES	G CAUSES	NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	BEATH HOUR A.M.	NJURY MONTH D	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
Б	22a.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 3/.	23 19	83,01	nd that in (my) (our) opinion			and from the	
19	22b. SIGNATURE	1		,	DEGREE ATTENDING	MEDICAL STA	FF _		SIGNED
-	22d PHYSICIAN'S NAM	OWNER			PHYSICIAN 222 ADDRESS	DIRECTOR PHYSIC	IAN	5/	24/83
	DR. LAWREN				600 REISTE		BALT	ro., M	D
	BURIAL CREMATION, REMOV	MAR. 25,			EMUNAH	23d LOCATION CITY BALTI	MORE	соинтя МА	RYLAND

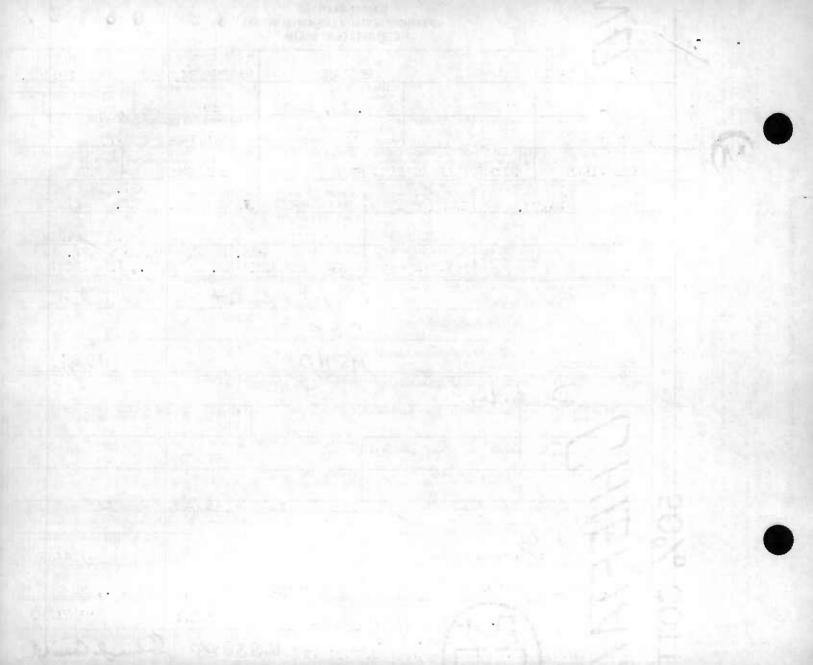
DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, ar removal TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending

OR ATTENDING PHYSICIAN: The low

A FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

MAR 3 0 1983



STATE OF MADVIAND

1 - STATE REGISTRAR		0.0000000000000000000000000000000000000		CATE OF D	MENTAL HYG	REG. NO.	0	5 1	5 8
1. DECEASED NAME	FIRST	MIDDLE	LA	ST		20. DATE OF DEATH MON	TH DA	Y YEAR	2b HOUR
(TYPE OR PRINT)	MINNIE		HOPP	LE		MARCH	2	0 1983	1:12A M
3. SEX FEMALE	4. RACE WHITE		5. DATE O	F BIRTH DAY	YEAR	6. AGE (IN YEARS LAST BIRTHDAY		FUNDER I YEAR	IF UNDER 24 HRS
7a BIRTHPLACE (STATE OR F COUNTRY)			WIDOWE		AARRIED	9. BALTIMORE CITY OR CO		lto.)	MC
Parkville	IF NOT IN SUCH FACILITY, GIVE STR					INDUSTRY	Home		
	NS OUNTY	13c. CITY OR TOWN Baltimor	1	13d INSIDE C	ITY LIMITS?	13e. STREET ADDRESS 3329 Rave	nwo	od Av	e. 212
14. FATHER'S NAME FIRST Gustava	WIDDIE	Meurer			MAIDENNA FIRST OUS!e	MIDDLE	Koel	nler	.7
16a. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	215 10 8		Josep		ADDRESS Dowling, Coc	key	sville.	, MD
Conditions, if any, gove rise to imm couse (a), statin underlying couse	which (b) nediate g the lost. (c) UE TO,	OR AS A CONSEQUEN	ICE OF	you	AS	In fare	Z	APPROXI BETWEEN C	MAYE INTERVAL ONSET AND DEATH
Z O PART 2 OTHER SIGH	H WAS	ON IN BUTING TO DE	AINBUIL	NOI RELATED	TO THE THAM	NAL DISEASE OR CONDITIO	N GIVE	au	

19a. DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

(IF EITHER NOTIFY MEDICAL EXAMINER

CERTIFICATI

MEDICAL

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC |

19

CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION

20a AUTOPSY?

NOX

CITY OR TOWN

3/20

and that in (mu) (our) opinion death accurred on the date and hour and from the causes stated

YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

NO [

22c. DATE SIGNED

279. PHYSICIAN'S NAME (TYPE OF PRINT)

4905 York Road

sow the deceased alive on

Gracito Patricio, M.

Balto.,

22a.1 certify that (this haspital) attended the deceased from

above, (1) (wai (did) (did not) view the body offer death.

P.M.

21e. PLACE OF INJURY

22e ADDRESS Perring Parkway Nursing

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Home, MD

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

3 /22/83 Loudon Park

MD

24 FUNERAL DIRECTOR Henry W. Jenkinson & Sons Co 2121 2

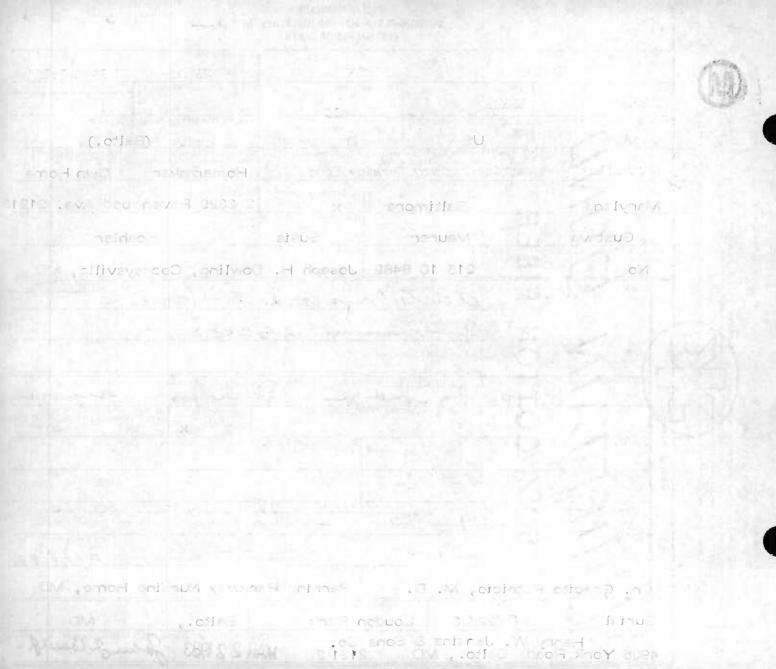
23c, NAME OF CEMETERY OR CREMATORY

Balto.

236 LOCATION

MAR 2 2 1983

MD



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
			RST	A	MIDDLE	L	AST	20. DATE OF DE		DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	nna	Ma	ay	Hor	nig	Marc	h 25.	198	3	5:15 A
	3. SE	X	4. R	ACE		S. DATE C	OF BIRTH	6 AGE IN YEAR	LAST BIRTHDAY)		DERIYEAR	IF UNDER 24 HRS
	F	'emale	1	Cauca	asian	Jul		1/ 100	78 YR	MONTHS	DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FORE)	GN 76. (CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE	- 711		EATH	
5		laryland	-	USA		WIDOWE		Balti	more (Coun	tv	MD
N	10 CI	ITY OR TOWN OF DEATH	11.			NG HOME C	OR OTHER INSTITUTION	12a USUAL OC	CUPATION	12b	b. KIND O	F BUSINESS OR
U	- Table 1	oodlawn	17	726	HEACILITY, GIVE STREET Johnnyc	ake F	Road 21207	House	R MOST OF WORKIN	G HFE) IN	Hon	ne
I	15U/ 3a. 5	AL RESIDENCE (IF NURSING)	OME OR OTHE	RINSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET ADI				
2	Ma		Balti	more	Woodla		YES NO X	7726	Johnny	/cak	e Ro	1. 2120
2/	14 FA	THER'S NAME	MIDD	(F	LAST		15 MOTHER'S MAIDEN NA		IDDI.			
34		Jesse	1	. F	Thurl	WO	Florence	e	V •		Gro	ves
	160 V	VAS DECEASED EVER IN (J.S. ARMED	D OR DATECT	16b. SOCIAL SEC		17 INFORMANT	300	ADDRESS			
		No	N/A	K OKDATES)	219-54-	-3942	Pauline A.	Kalb	Same	as i	# 13	3
		18. CAUSE OF DEATH	nter only o	ne couse per	line for (o), (b), o	projet 1	1 11 21	- '0 .			BETWEEN	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSED BY: Coreys Ful Want Failure										non the
	Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF Sclero for Heart Disease										,	
		Conditions, if any, wh	nich ((b)		4 v teru	sclero fre	fear D.	11 Corl		14	lan
		gove rise to immedi couse 101, stating	the \	DUE TO, OR	R AS A CONSEQU	IENCE OF						
		underlying couse I	ost	(c)				2-1				
_	_	PART 2 OTHER SIGNIFIC	ANT CON	DITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE O	RCONDITION	GIVEN IN	PART 110	
	IO											
	CERTIFICATION	19a DATE OF OPERATION	1	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPS	72 20b. IF	YES, WER	CAUSES	NGS USED OF DEATH?
	RTIF								0 🗆	YES 🗌		NO [
2	-	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		11b. TIME OF	FINJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	IB PART I OF	R PART 2)	to Miles
7	CAI	(IF EITHER NOTIFY MEDICALE		P.A	M.	19						
	MEDICAL	21d INJURY OCCURRED		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	C	TY OR TOWN	cc	OUNTY	STATE
		AT WORK NOT WHILE	Ц						,			
		22a I certify that (I) (this		ottended the		2	127 1972	, to	3/25	, 19		that (I) (we) lost
		sow the deceased a obove, (V (we) (did)	live on_ (did_not) vie		25 190 ofter death.		d that in (my) (our) opinion	deoth occurred o	the date and l	hour and f	from the	couses stated
		22b. SIGNATURE	1 %.	SILE		[DEGREE	14501544	CTAFF	22	2c DATE	
		1000	MIL	4.6 2	M	IV		MEDICAL DIRECTOR	STAFF PHYSICIAN		3/2	25/83
1		220 PHYSICIAN'S NAME					22e ADDRESS					
		Max J.	Mil	ler,	M.D.		1047 Ingl	eside A	ve. I	3alt	, MD	21228
		URIAL, CREMATION, REM		b. DATE			EMETERY OR CREMATORY	23d LOCATIO		FOUR	NTV	STATE
02	1	Cremation		3/28/	83 Se	ecuri	ty Process	Caton	swille	Bal	to.	, Md.

Catonsville, Md.

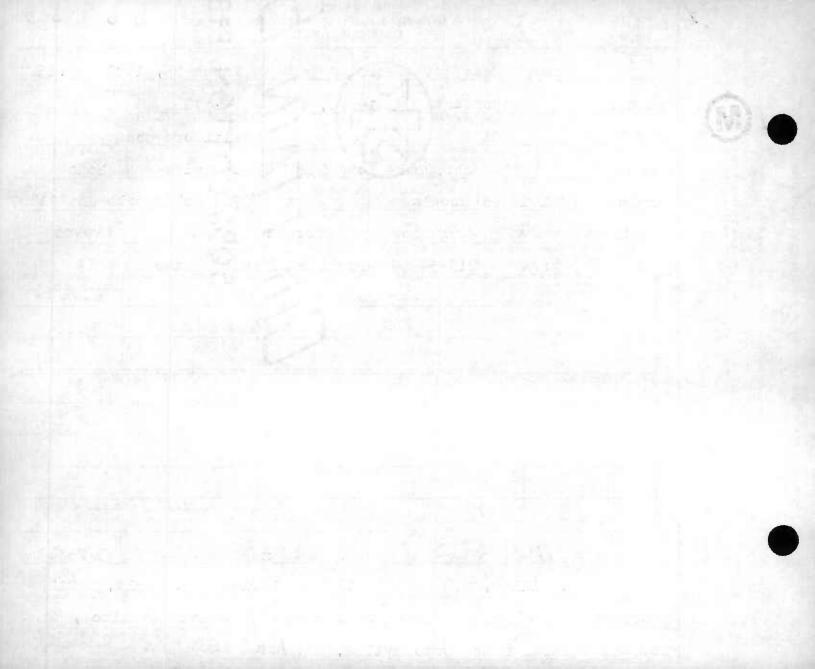
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BY REGISTRAR 256 R

1983

DHMH - 16 50M 1/BI (VRA 15, 4)

74 FUNERAL DIRECTOR
Mac Nabb Funeral Home

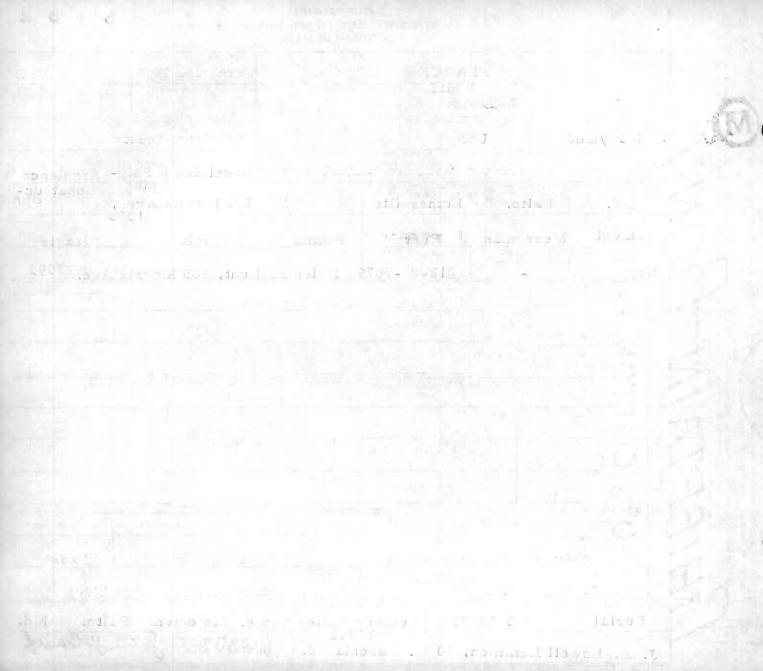


LOYA	1.	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLA OF HEALTH AND A TIFICATE OF D	MENTAL HYG	GIENE S S	0	6 1	6 0	
nay be page 3		CEASED NAME FIRST FRAI	NK	Н	DSTICKA		20. DATE OF DEATH		8 83	10:57.P	
ge 4 may ector, po	3 SE	Male	4. RACE W hite		TE OF BIRTH	92	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	
leath. Po meral dir in 72 hau	Cz	RTHPLACE (STATE OR FOREIGN COUNTRY) Cechoslovakia	76. CITIZEN OF WHAT C	MA		ORCED	BALTIMORE COUNTY OF DEATH BALTIMORE COUNTY				
rs offer d by the fu	towson, MD.				HARLES S	T.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Butcher				
AND 212 AND 212 AND 212 filled in nould be	13a S		NTY 136. CIT	OR TOWN	13d. INSIDE CI		130 STREET ADDRESS 14011 Jarr	lle Pik	le Pike, 21131		
MARYL, marking and 2 st	14. FA	Joseph	MIDDLE Host	icka		MAIDEN NA FIRST OSephir	WE				
be execution and co		VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) [IF YES GI	IVE WAR OR DATES!	09-9779	o. 17 INFORMAI Evelyn		ni, same as	- 3, 7, 111			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the and Mental Hygiene prior to burial, cremation, or removal. It has a shows any injury, or ather traumatic event, the medical examinee must be no carked or them 18 shows any injury, or ather traumatic event, the medical examinee must be no carked or them.		18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSE	nly ane couse per line for (ED BY: .TE CAUSE (a)RE	a), (b), and (c).) SPIRAT(RY ARRE	ST			APPROXIMEN O	HRS.	
RESTON a death c antendir move carl atteumatic		Canditians, if any, which gave rise to immediate		? 3	HRS.						
of W. P. s. that the ed by the slease rerial, crem or other		couse (a), stating the underlying cause last.	DUE TO, OR AS AC								
r require een signe in Then p ior ta bury,	VIION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU				INAL DISEASE OR COND	WERE FINDINGS USED			
TAL REC	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING [YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?	
VISION OF VITA G PHYSICIAN. The antique and streen this certificate the burial-transit and Mental Hygic ked or Item 18 sho	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC R) P.M.	NTH DAY Y	19		RED (ENTER NATURE OF INJUR	Y IN ITEM T8 PA	RT 1 OR PART 2)		
DIVISION NG PHY r attendii After this as the bu th and M arked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI	RY, OFFICE, FARM, ET			CITY OR TOV	٧N	COUNTY	STATE	
ATTEND aspital a CCTOR: A d for use t. of Hea m 21 is m		22e. I certify thoX() (this hasp saw the deceased alive or above, (I) (we) (did) (diX)	of the decease of the	ed fram	_, and that in (Xy)	., 19 <u>83</u> (aur) apinian	death occurred an the da	te and havr	and from the a		
by the his		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR								9/83	
TO HOSPITAL retained by the TO FUNERAL should be deto with the State!			AKER, MD.	TUTTON		-6701	N. CHARLE	S ST	. 2120	14	
BP		Burial, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 3~23~83	Wood	of CEMETERY OR C lawn Ceme	tery	23d LOCATION CITY OF TOWN Forest Pa				
DHMH - 16 50M 4/82 (VRA 15, 4)	- 25	JNERAL DIRECTOR CK Towson Funer	al Home, Inc.	1050 Yo	rk Rd, 21	204 MA	R211983	251 REGISTR	PAR'S SIGNA	mil	

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		STATE OF MARYLAND											9		
- 7	1.	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE											1	J	day
	' '	REGISTRAR CERTIFICATE OF DEATH REG. NO.													
-9					AIDDLE		LAST		2a. DATE	OF DEATH		DAY	YEAR	2b. HOUR	
	(TYPE	OR PRINT)	HOMAS	PE	CARCE	HU	NT		Marc	h 25,	1983		13	6:30	
	3. SE	Х		4. RACE	White	5. DATE			6 AGE	IN YEARS LAST BIE	RTHDAY)	IF UNDER		IF UNDER 24	
1		Male		BANKAS XAN		03 - 19 - 13			70		YRS.	MONTHS	ONTHS DAYS HOURS MI		
Ç.	7a. BI	COUNTRY		76. CITIZEN OF WHAT COUNTRY? 8.		8.	IED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY			Y OF DE	ATH		1,10
		Maryland		USA		WIDOWED DIVORCED			Baltimore Count				MD.		
6		Towson Greate			HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACULTY, Give Street Address) T Baltimore Medical Center			enter	126. USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) Receiving & Ship-Airplane						
1		AL RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFORE		A 124 INICIDE CI	TV LIMITCO	lia cross	ET ADDDESS	pin	g	Cor	stru	C-
2	.04	Md.		lto.	Luthery	ville	13d. INSIDE CI	NO X	705	Morri Morri	s Abe	e	001	ti	ion
	14. FA	ATHER'S NAME					15. MOTHER'S					93			
0	C	Samuel Merryman			LAST		-	RST		WIDDLE			LAST		
	_	VAS DECEASED EVER		ryman	Hunt		Emn			Viola			Flea	agle	
		YES, NO OR UNKNOWN)		E WAR OR DATES)	16b SOCIAL SECU		17. INFORMAL								
	N	lo		_	212-07	7-707	Hele	en L. J	Hunt.	705 1	Morr	is A	ve. 2	21093	3
ű		18 CAUSE OF DEAT	H (Enter on	ly one cause per								BE	APPROXIM	NATE INTERVA	AL
		PART I. DEATH W		D BY: E CAUSE (a)	Chronic	1ymph	ocytic	leukem	ia						5-11
		2041	1												
	DUE TO, OR AS A CONSEQUENCE OF										- 1				
		Canditians, if any, which gove rise to immediate (b)										-			
-		cause (a), statin underlyina cause	stating the cause lost. DUE TO, OR AS A CONSEQUENCE OF								9				
-1			(c)												
	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE											ART I(o		
4	CERTIFICATION	190. DATE OF OPERAT	TION	19h CONDI	TION EOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WE				ERE FINDINGS USED		
4	FIC.	The state of the s		178. CONDI	HOIN FOR WHICH	IN CERTIFYING CAUS							?		
_	ET												NO [
Ы	S	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR					21c. HOW IN	URY OCCURR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18.	PART I OR P	ART 2)		
300	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19				520									
	ED	21d. INJURY OCCURE	RED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		21f. LOCATIO	ATION				cour		STAT		
	×	WHILE NOT WH	RK C	(AT HOME, STRE	EET, FACTORY, OFFICE, F	ARM, ETC }	STREET		CITY OR TOWN			COUR	417	STA	I E
		22a.1 certify that (1)	(this hospit	al) ottended the	deceased from_	Febru	ary 16	, 19 83		March		19_8	3	nat (I) (we) last
		saw the deceased alive an March 25 19 83 , and that in (my) (aur) opinion death occurred on the date and haur above, (1) (we) (did) (did not) view the body after death.									ur and fro	im the co	auses state	d	
		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF							226.	22c. DATE SIGNED					
		7 CC 2 PHYSICIAN DIRECTOR PHYSICIAN X							3/26/83						
		224. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS													
	00 -	John E. Adams, M.D. 6701 N. Charles St., 3a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATIO									ltimo	re 2	1204		
		Burial, CREMATION,	KEWOVAL	3/28/						CATION ITY OR TOWN imoni	11700	Balt		M	ig.
		INERAL DIRECTOR		1 3/20/	03 D	ulane	y Valle	/							u.
			011 T	ommon	, 10°00.	Pade	nnia Rd	25a DAJE	W 3	JRE STRAR	25b. REGIS	RAR'S SI	Shall	Chiel	R
	J	. E. LOW	en T	CHITTION	, IO W.	Lau	Dilla ICA				U	9			,



FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINT!

DHMH - 16 50M 4/B2

(VRA 15, 4)

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 2a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Homemaker 13e. STREET ADDRESS, 31 Dunvale Rd. Hannah Catherine Pennington 12434 Pong Green Pike John W. Hunter Glen Arm, Maryland 21057 APPROXIMATE INTERVAL WKS RTERIOSCIEROTIC CARDIOVASCULAR DIS Yenns ARTERIOSCLEPESS 15 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (exp) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED PHYSICIAN 500 Virginia Ave. Towson. Md. 21204 Burial MArch 31.1983 Bethel Presbyterian Church Madonna, Balto 250 DATE REC'D. BY REGISTRAR 251 24. FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

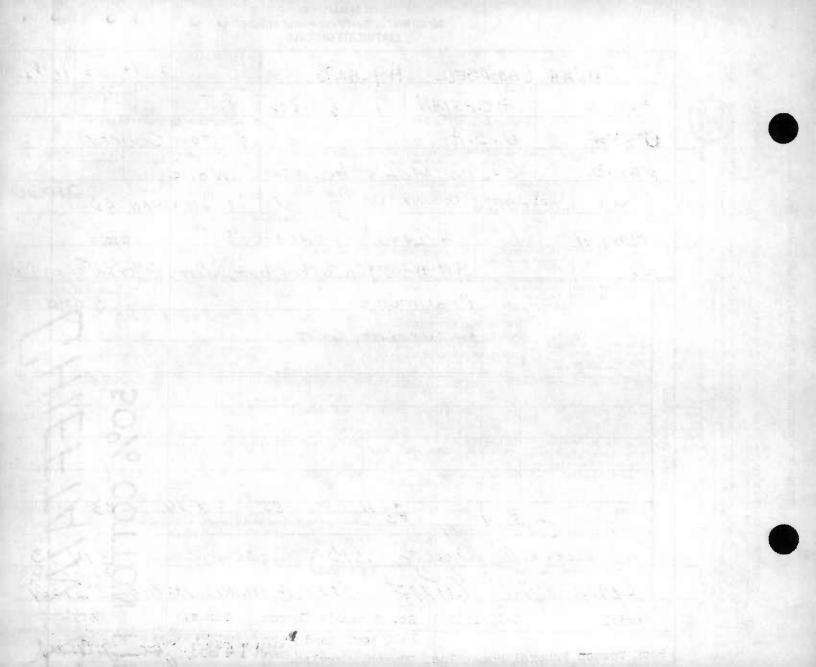
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4	1.	FOR STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		06164
		EASED NAME FIRST	CAMPBELL	HYLAND	REG. NO	3 14 83 10 8 AN
(A)	SEX	Female	CAUCASIAN	5. DATE OF BIRTH MONTH DAY 1898	6. AGE (IN YEARS LAST BIR	YRS.
35	A	ary land	U.S.A.	MARRIED NEVER MARRIED W	Balto.	R COUNTY OF BEATH COUNTY MD
optified O	0. CIT	ALTO.	1. NAME OF HOSPITAL, NURSING JIFNOT IN SUCH FACILITY, GIVE STREET A STOLLING MC	SHOME OR OTHER INSTITUTION DDRESS) THIS HOSPICE	128. USUAL OCCUPATI	F WORKING LIFE) INDUSTRY
85	3a. S1	L RESIDENCE (IF NURSING HOME OR OF COUNT ATE 136. COUNT COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE 131. CITY OR TOWN COCKEYS	ville 13d. INSIDE CITY LIMITS?	136. STREET ADDRESS	WAN RD. 21030
30	t. FAT	THER'S NAME FIRST MARTIN	No HYLA	15. MOTHER'S MAIDEN NA FIRST KATHE	RINE MIDDLE	Burns
/ medical		AS DECEASED EVER IN U.S. ARM OF UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR	0339 Stella Maris Ho	spice Dulane	, VAlley Rd, Towson Me
njury, or other traumatic event, th	NO	Conditions, if ony, which gove rise to immediate cause Ial, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	nonia nce of rent CVA	NINAL DISEASE OR CONI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 days DITION GIVEN IN PART 110
9	CERTIFICATION	N. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
m 1 at 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART I OR PART 2}
	MEDICAL	WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
If them 21 is my		22a. I certify that (1) (this hospite saw the deceased alive on above, (1) we) (did) (fid nat)	7	DEGREE ATTENDING	STAI	
with the Stot	3a P	PH SICIAN'S NAME (TYPEOR EN 1/2 /7) URIAL, CREMATION, REMOVAL	4 Cllings	PHYSICIAN STELLA	MARIS H	DULANEYA
_	(:	Burial	3-16-1983 S	t. Joseph's Church	Texas,	COUNTMARY LANGUE
4/82		neral director NAME CK Towson Funer	ADDRESS	owson, Maryland		John J. Cahulf



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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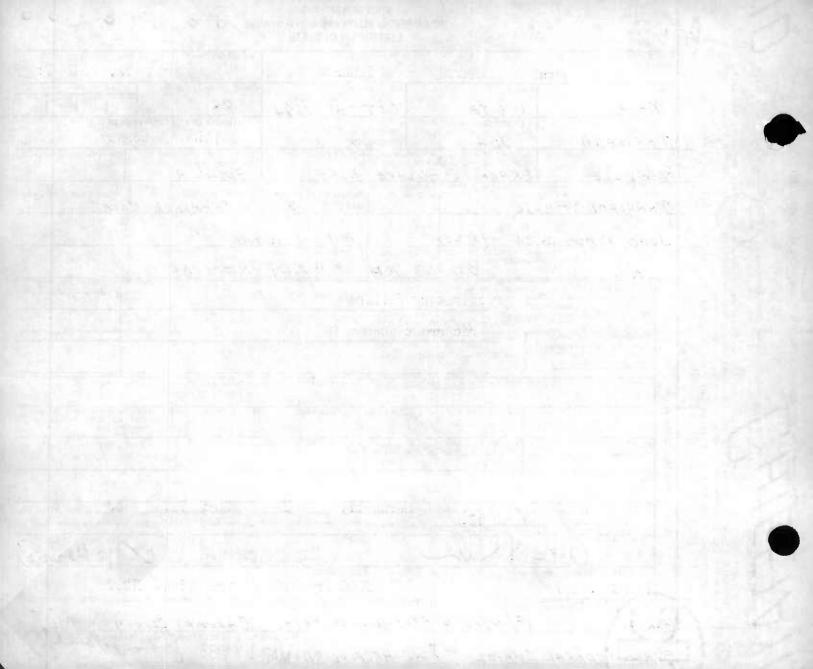
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)



	1		STATE OF MARYLAND	
1	1.	FOR STATE REGISTRAR	- DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 5 0 6 1 6 A
pe 3	I. DE	CEASED NAME FIRST	7	TE OF DEATH MONTH DAY YEAR 25 HOUR 3
ge 4 may be ector, page 3 rs ofter death	3. SE	Male	RACE S. DATE OF BIRTH DAY YEAR ON SHE OF BIRTH	(IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
deoffi. Po-		RTHPLACE (STATE OR FOREIGN DUNTRY)	The CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BANGER	TIMORE CITY OR COUNTY OF DEATH
by the fu	G	OFFISON	GAYPISON VAILEY CENTER ITEM	UAL OCCUPATION F WORK FOR THOSE OF WORKING LIFE INDUSTRY TO THE VE V
100	130	No coun	Baltimore YES OF NO 13	REET ADDRESS Broadway 312
301	14. F/	John	Is MOTHER'S MAIDEN NAME Carrie	MIDDLE Rauh
on and co	1	VAS DECEASED EVER IN U.S. AR/ VES, NO OR UNKNOWN) 11FYES, GIME 25	MED FORCES? 166 SOCIAL SECURITYNO. 17 INFORMANT COMMANDES 217-01-5065 Marie Dou	Whole 4309 Frankler
equires that the death co in signed by the attending. Then please remove carb it to buriol, cremation, ari injury, or other troumatic	N.	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PART 1(0)
bee brio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES	AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
iYSICIAN: The kiding physicion. Is certificate has burial-transit per Mental Hygiene or item 18 shows.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY 216 HOW INJURY OCCURRED JEN	TER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
G Ph offer th and and	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
TTEN TTEN TOR for us of He		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did no)	3 22 19 83 and that in (my Cour) apinion death or	curred on the date and hour and from the causes stated
SPITAL OF A		22b. SIGNATURE	DEGREE MD ATTENDING MEDI PHYSICIAN DIRECT	CAL STAFF TOR PHYSICIAN 3-20-8
TO HOSPITAL U.S. A retorned by the hos should be deteched with the Store Dept.		PHYSICIAN'S NAME (TYPE OR	REIDER MD 1406 Gran H	glory So. Suite 102 Cler B.
BP	23a (BURIAL, CREMATION, REMOVAL Burial		Crownsville AnnArundel Co.
DHMH-16 20M (VRA 15, 4) 7/7B		INERAL DIRECTOR		BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1983



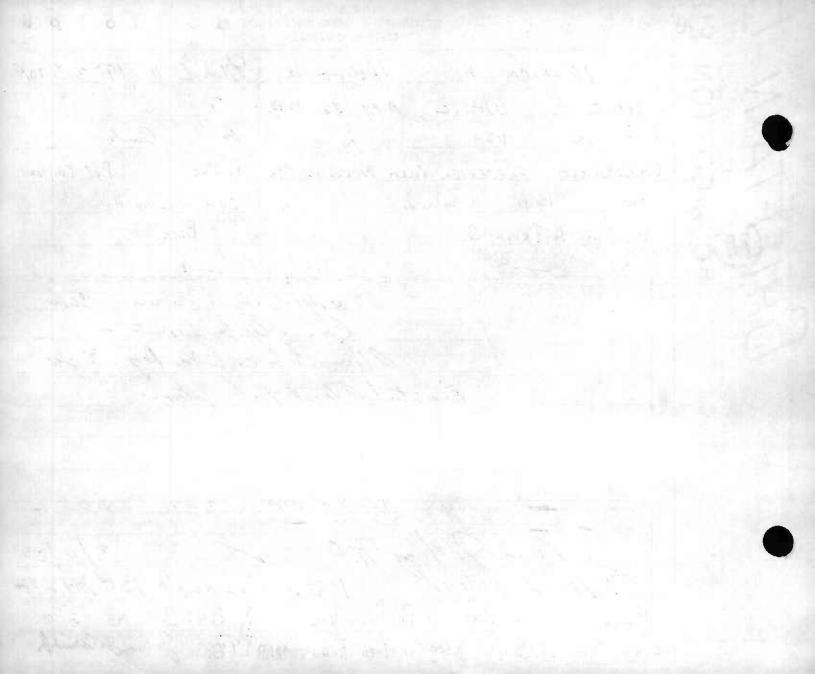
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BALTIMORE, MARYLAND 2120

PRESTON ST

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND



(TYPE OF WORK FOR MOST OF WORKING LIFE) 13. STREET ADDRESS Washburn Ave. lmen W. Jackson Box 6207, Balto., Md. 21206 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated MEDICAL STAFF
DIRECTOR PHYSICIAN Dundalk Ave., Dundalk, Md. 21222 Burial Glen Haven Mem. Glen Burnie. A. A. DHMH - 16 50M 4/B2 Mc ully Funeral Homes C. Patapsco Ave. (VRA 15, 4)

- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER 1 YEAR

INDUSTRY

26 HOUR

12b. KIND OF BUSINESS OR

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Dilbon

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

22c DATE SIGNED

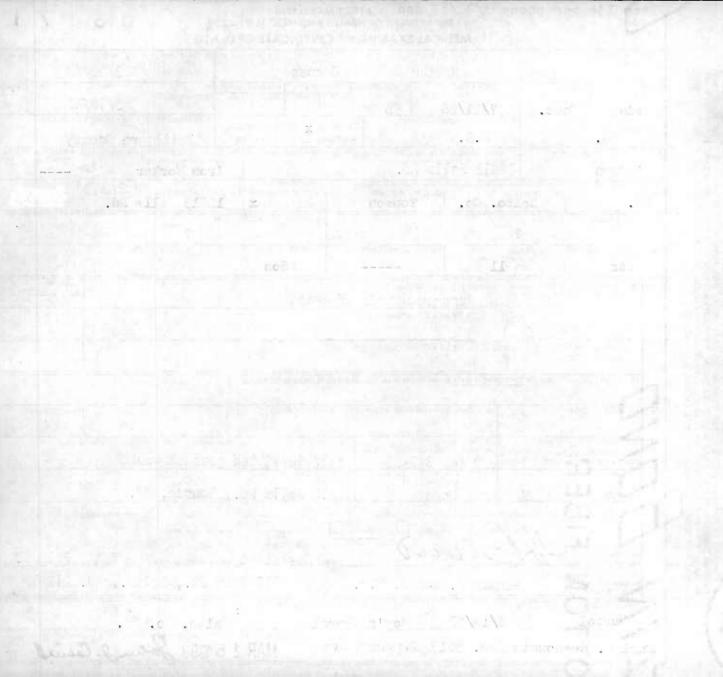
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		em 13e po	er pho	ne 3/22/0	DEPARTM	LENT OF HI	OF MA			YGIEN	5 3	5	0	6	17	0
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		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAS	51	W.		OF DATE	KNOWN ESTI- H MATED		NTH DA		26 HOUR
WITHIN 72 HOURS W. PRESTON STREET,	3. SEX		Betty	5 DATE OF BIRTH	Lou	AGE (IN YEARS		obs	F UNDER 2	14 LIDS	DEATH		<u> </u>	3/10/	839 AY YEAR	N HOUSE
	3. 327	Female	Cauc.	10/27	YEAR	LAST BIRTHDAY) 55 YRS.	MONTHS	DAYS	HOURS	MIN.	RONOL	JNCED	3	/10/		TO Y
9	7a. 81 FC	RTHPLACE (STATE O	R	76 CITIZEN OF WH			MARRIED		ER MARRIE			MORE CIT				
)		TY OR TOWN OF D	EATH	11. NAME OF HOSI (IF NOT IN SUCH FAI 10913 Fa	CILITY, GIVE STR	SING HOME, (12a USU	AL OCCI		(TYPE OF W	ORK 126	KIND OF BI OR INDUST	JSINESS RY
7	USU A 13a. S	AL RESIDENCE (IF IN I	NURSING HOME OF	iother institution, GIV	13c. CITX C		136	d. INSIDE CITY	Y LIMITS?	13e STP		Falls	s Roa	ad		21093
>	14. FA	ATHER'S NAME FIRST		MIDDLE	1.4	AST	15	, MOTHER FIR	R'S MAIDER	NAME	7	MIDDLE			LAST	
	16a. V (Y	VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARM	ED FORCES?	16b. SOCI	AL SECURITY N	17.	. INFORM	ANT	X		ADDR	ESS			
		Cause of DE. PART I DEATH Canditians, if gave rise to cause (a) statilying cause loss.	ony, which immediate ng the under-	DUE TO, OR	ultipl as a cons	e guns Equence of	hot w	ounds	s of	ches	t			8	approxima i ietween onse	E INTERVAL T AND DEATH
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC		ONTRIBUTING TO DEATH I		O TO THE TERMINA		639		T 1 (a):				20	D. AUTOPSY	? NO []
7	CERT	210 EXTERNAL CA		21b. TIME OF		DAY YEAR	21c HOW	/ INJURY C	OCCURRED	ENTERN	ATURE OF	INJURY IN ITEA	M 18 PART 1	OR PART 2)	152 (7)	NO []
l	CAL	CONTRIBUTING		EATH ? P.M.	3/9/	83 19	sub	ject	shot						Y.	
	MEDI		T WHILE X		OF INJURY ORY, FARM, ETC OME		211 LOCA STREE	TION		d.,	CITY OR T	on, M	1d.	COUNTY		STATE
- 12				of the second	cribed obov	e, held on	Autopsy	X.	Inspection		Inquir		ond in n		n	
fa		22a. I certify the death resulted fro ACTUAL SIGNATURE	/	MIT	Accident [Sulci	de ,	Homicio TITLE (SPI ASS	-		rmined r	monner], D		3/10/	83
	elients.	death resulted fro	nm: Notific	Un. Hormez R.	Accident [, suici	M.D •AD	ASS	istan	t MEDI	CAL EXA	monner C AMINER Balt	D Si	ATE IGNED		83
	230. B	death resulted fro	nm: Notific	Un. Hormez R.	Accident [Suici	M.D.	ASS ODRESS	istan	enn	CALEXA St., CATION Balt	MONNER Balt	D Si	Md.	3/10/ 21201	83 TATE

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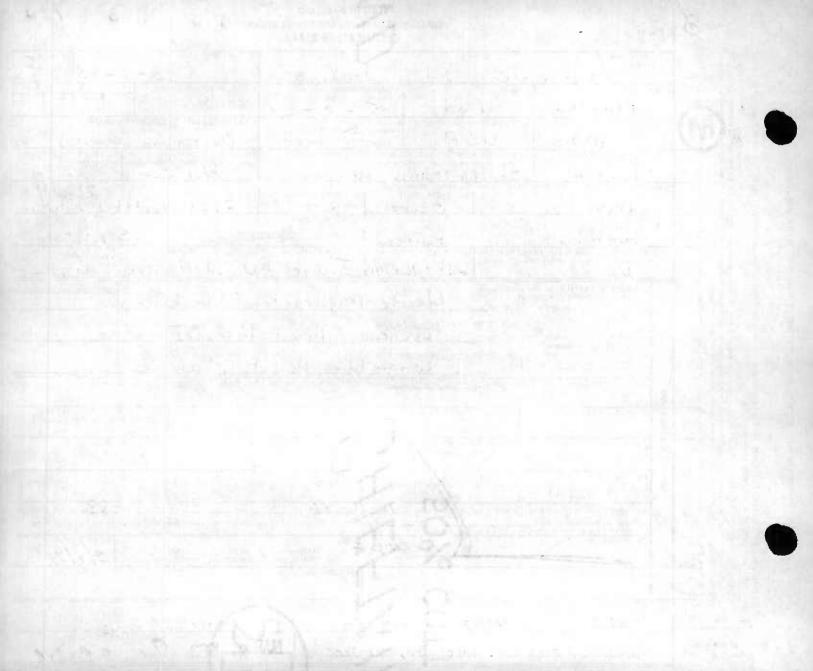
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		STATE REGISTRAR			DICAL EXAM				-	H REG	G. NO.		
		CEASED NAME E OR PRINT)	FIRST		WIDDLE	,	LAST			DATE KNOW			26 HOUR
	3. SE)	T4 R	Warner	5. DATE OF BIRTH	alter	(IN YEARS IF U	acobs	IF UNDER 24		DATE	D □ 3/	10/83 ₁₉	R 247HOLD
S H H		32-1-1	Cauc.	7/11/2	YEAR LAST 8	YRS.				ONOUNCED DE AD	3/	10/83 19	A M
R AR AR	7a. B	RTHPLACE (STATE O		76. CITIZEN OF WI	HAT COUNTRY?	2	IED TO NEV	VER MARRIE	9			UNTY OF DEATH	1 M
N. W. S. C. W.		Md.		U.S.		WIDOV	VED D	DIVORCED		Baltim	ore C	ounty	MD.
FELAY IS TO THE P SP FILED Sp 2011		ty or town of c Towson		UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				FOR MOS	occupation tof working life in Worke	}	OR INDU	BUSINESS" STRY	
AD. 21201 1. FANY DELAY IS N 2. AND 31 OTHE FU 3. RETAIN PAGE 5 2. SHOULD BE FILED. FAL RECORDS, 201 W.	130 S		136. COUNT	to. Co.	131. CITY OR TOV	VN		TY LIMITS? 1	13e. STREET	ADDRESS 13 Fall	. 210 s Rd.	193	
キーシュを	14. F/	ATHER'S NAME FIRST		?MIDDLE	LAST		15 MOTHE	R'S MAIDEN	INAME	? MIDDLE		tast	
BALTIMORE, S AFIER DEAI GIVE PAGES TITH FORM PY PAGES I	16a. V	VAS DECEASED EV	ER IN U.S. ARM	NED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORM			ADD	RESS		- 7
S AFI GIVE ITH P PAGE IVISIC		les	W	N II			5	Son		Jugo	4		
201 W. PRESTON ST., UTED WITHIN 24 HOUR EXAMINER ALONG W EXAMINER ALONG W EXAMINER ALONG W EXAMINER ALONG W OMENTAL HYGIENE, D ON, OR REMOVAL.		PART I DEATH	MAS CAUSED	E CAUSE (o) GUN	shot wour	nds of	chest						ATE INTERVAL SET AND DEATH
HIN 2 LIN II R ALC VSIT P		955 Conditions, i	any, which	DUE TO, OR	AS A CONSEQUEN	ICE OF							
W. W. P. W.	1/	couse (a) stat	a immediate ing the <u>under-</u>	(b) DUE TO, OR	AS A CONSEQUEN	ICE OF		-					
SUTER EXA		lying cause la	<u>ist.</u>	(c)									41.00
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL. RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROPE TO THE CHEIF MEDICAL EXAMINER ALONG VER SHOULD BE USED AS A BURIAL-TRANSIT PERMIT TO EPERARIMENT OF HEATTH AND MENTAL HYGIENE, TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTNER SIGNIFIC	CANT CONDITIONS <u>C</u>	DATRIBUTING 1D DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E DR CONDITION	N GIVEN IN PART	1 (a).				
SHOULD ORD "PE CHIEF N FE USED A TOF HE NURIAL, OURINIAL, OUR HEAD A TOF HEAD A TOR HEAD	CERTIFICATION	190. DATE OF OPE	RATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPS			
F VII.	ERTIE	21a EXTERNAL CA	AUSEWAS	21b. TIME OF	INJURY	71r H	OW IN JURY	OCCURRED	FNTER NATI	URE OF INJURY IN IT	FALIR PART 1 O	YES X	NO 🗆
DN OF THE WOULD BOULD BOULD BOULD BOOLD BO		UNDERLYING CONTRIBUTING			MONTH DAY	YEAR				shot wo		,	
IVISIC CERTI TING DED 1 3 SH DEPA DEPA	MEDICAL	21d INJURY OCC		21e PLACE C	OF INJURY (AT HOMORY, FARM, ETC.)		CATION			ITY OR TOWN		COUNTY	STATE
PAC 212	-		WORK X	h	ome					wson, N	1d.		
A S S S E E S			- /	e of the remains des			sy X.	Inspection		Inquiry .	and in my	y opinion	
BE BE COMMITTEE OF THE		death resulted fr	- H	Jan I	Accident ,	Suicide	, Hamici		Undeterm	ined manner			
A HE SECOND		ACTUAL SIGNATURE	9/1	200	an	^			MEDICA	LEXAMINER	DA	TE 3/10	/83
TO MEDICAL THE PAGE 4 SHOW A FOR BOALTIMODE.		EXAMINER'S NAM (TYPE OR PRINT)	AE .	Hormez R.			ADDRESS_		enn S	St., Ba	lto.,	Md. 2120	1
	23a.8	Burial	, REMOVAL 23	3/14/83	23c NAME OF	cemetery o		DRY	23d LOCA CITY OR T	OWN		COUNTY	STATE
BP		JNERAL DIRECTOR					1		C'D. BY RE	GISTRAR 24	REGISTRAR	'S SIGNATURE	
(VR A15 ME (5)) 20M 4/82	P	aul E. Cl	nenowet	h 3rd.ººº36	ol/ Unest	nut Av	е	MAR	1519	383 %	hung	2 Course	1:



A	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	6 1 7
		CEASED NAME FIRST MANG]	ILAL	ı	JAIN	In Dair of Brain	21 83 2b. HOUF
ge & mo	3. SE	MALE	4. RACE WHITE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
Table die	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY) India	7b. CITIZEN OF WHAT COUN	TDV2 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
by the fune filed within	10. ⊂	TOWSON	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE ST. JOSEPH	URSING HOME C STREET AGORESS) HOSPI	OR OTHER INSTITUTION	BALTIMORE 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Mechanic	126. KIND OF BUSINE
vithin 24 hou stely filled in 2 should be miner must be	13a. S	THER'S NAME	TO WOOD	dlawn	13d. INSIDE CITY LIMITS? YES NO S	13. STREET ADDRESS 7138 Fairbroo	k-Rd 2120
wed wi	Sı	ıkhlal		ain	Cham	ipa MIOOLE	Parkh
e execu	16a \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATEST	SECURITY NO. 6-1289	17. INFORMANT	ADDRESS Jain, 7138 Fairl	1 70 1 3
been signed by the mit. Then please rem prior to buriol, crema any injury, or other the	ATION	gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196. CONDITION FOR W	G TO DEATH BUT		AINAL DISEASE OR CONDITION GIVE	S, WERE FINDINGS USED
vysicion. cate has loonsit perr	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR		FYING CAUSES OF DEATH ES NO PART 1 OR PART 2)
G PHYSICIA attending ph er this certifi is the buriol-ti ond Mentol	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	21f. LOCATION STREET	CITY OR TOWN	COUNTY ST
the hospital DIRECTOR: toched for us e Dept. of Hem 21 is:		22e.1 certify that (I) (this fosp saw the deceased alive on above, (I)-(we) (did (did no 22b. SIGDYAPURE	ital) attended the deceased for view the body after death.	.19, or	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote and have	19, that (I) (wor and from the couses stor
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the State IMPORTANT.	230.	22d. PHYSICIAN'S NAME (TYPE C) BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	220. ADDRESS To Tos	The EMERGENIA	y Depart
BP		Cremation	3/24/83	Westvi	ew Cremato		Balto. N
OHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR Martin D. Law	son, 10 W. F	adonia		re rec'd. by registrar 255, regis.	IRAR'S SIGNATURE

EB 52 EB	MIAN		
1	1 194 190 1	BATHK	3.1
EVELTINOSE CONTAC			aftar
cinado 1	TYNI.	ST. JOSEPH HOSP	Touson
15 min room d , 11 a		nester v la .or.	IAJD
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en, 7131 alteroom iv., S		6 - 3-93	0.1
1			9
		1000	
atonoville	this double if	part colonie	10am21
		eon, 10 t. Padonia	- L1

STATE OF MARYLAND



	DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 3	0	6 1	7	4
MIDDLE.		LAST	20. DATE OF DEATH MO	ONTH DA	Y YEAR	2b. HOU	
A	JOYC	E	3	-15-8	33	11:	35p
t hite		DF 81RTH 129, 12899 YEAR	6. AGE (IN YEARS LAST BIRTHD		ONTHS DAYS	IF UNDER	24 HRS MIN.
IZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR C				ME
	L, NURSING HOME (OFFICE APPRESS HOSPITAL	OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Auto Sales:	ORKING LIFE)	12b. KIND C INDUSTRY	F BUSINE	SS OR
13c. CIT	dence before admission) Y OR TOWN <i>TTU Hall</i>	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 5 Whitelaw	Plac	e 21	236	
.7.	LAST OUCE	15 MOTHER'S MAIDEN NA	MIDDLE Unknown		LAS	ī	
PROTES)	CIAL SECURITY NO.	17 INFORMANT	ADDRESS				
SE (o)	-60-4406 (a), (b), and (c).	i nfam	Tun	<u>Sa</u>	APPROX	MATE INTER ONSET AND	ĎĒĀTH
JE TO, OR AS A C	ONSEQUENCE OF						

gove rise to immediate couse (o), stoting the underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOIX 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

P.M. 19 71e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

83

CITY OR TOWN

STAFF

STATE

STATE

NO [

and that in (ng) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 3/16/83

IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES [

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

AT WORK

23c NAME OF CEMETERY OR CREMATORY

Greenmount

DEGREE

MEDICAL

22e ADDRESS

ATTENDING

PHYSICIAN

7620 YORK ROAD TOWSON MD 21204

23d LOCATION

DIRECTOR PHYSICIAN

3-15

Cremation 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

m 18

marked or

MPORTANT: If Item

STATE REGISTRAR DECEASED NAME

Male

England

10 CITY OR TOWN OF DEATH

Maruland 14. FATHER'S NAME

Lua11

(YES, NO OR UNKNOWN) No

USUAL RESIDENCE (IF NURSING HOME OR OTHER IN

160 WAS DECEASED EVER IN U.S. ARMED FO

Conditions, if ony, which

71d INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

72% SIGNATURE

18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY

TOWSON

70. SIRTHPLACE (STATE OR FOREIGN

(TYPE OR PRINT)

3. SEX

FIRST

LYALL

13b. COUNTY Baltim

4. RAC

7b CIT

11. N

MIDDLE

P

IMMEDIATE CAU

220.1 certify that (A (this hospital) attended the deceased from

sow the deceosed alive on 3-15 above, (U (we) (did) (dd not) view the body after death

W

E

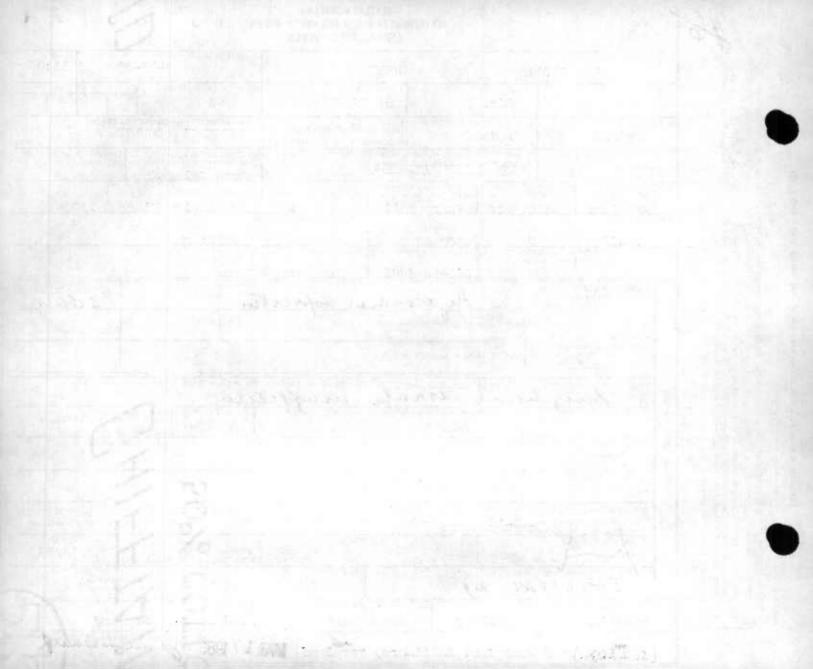
3/17/83 Collegnard J Ruck Inc. Baltimore, Maryland

25a. DATE REC'D

Baltimore, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

BP



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	RF	G. NO.		
	ECEASED NAME	ROSCO		ARSH	JOHN	SON	20. DATE OF DEAT	H MONTH	DAY YEAR	3:50 A
3 SE	X		4. RACE		5 DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	
	MALE		WHI	TE	07	10 1898	8	34 yres	1 1	3 HOURS MIN
7a. B	IRTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DD IE	D NEVER MARRIED	9 BALTIMORE CI			
		GINIA	U.S	.A.	WIDOWE		Baltimo	re Cou	nty	MD
10 C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCU			OF BUSINESS OR
	ESSEX	/	10.	NKLIN SQU		OSPITAL	GLASS MA			s co.
13a	AL RESIDENCE (IF	NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRI	92		
	MARYLAND		IMORE	MIDDLE R		YES NO X	2200 GRA		E ROAD.	21220
14 F.	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA				ASI
	STANS	BURY	Moore	JOHNSON		LYDIA	MIDL	LE.	UNKN	
	WAS DECEASED ET		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Al	DDRESS	2.7	1220
	NO	(14 123, 014	VE WAR OR DATES	235-36-	4269	FRANCIS J. 7	TINGLER 2	200 GR	AYTHORN	NE ROAD
	18 CAUSE OF DI	EATH (Enter or		line for (a), (b), and					APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
	PARTI. DEAT	H WAS CAUSE	TE CAUSE (o)	Cardiopul	monar	y Arrest			- 21	
	4860		DUE TO, O	R AS A CONSEQUE	NCE OF				D. D. N	
	Conditions, if a		(b)_	Sepsis					5 1728	
	couse 31, st	toting the	DUE TO, O	R AS A CONSEQUE	NCE OF					
	underly .1g	use lost.	(c)	Right Mid	die L	obe Pneumonia	a			
z	PART 2 OTHER S	SIGNIFICANT	_			NOT RELATED TO THE TERM	MINAL DISEASE OR	ONDITION	IVEN IN PART	110
CERTIFICATION	DATE OF ON	DATION		Bladder C			Tan	Too. 15.1	F.C. 1115DF F.D.15	
S.	190 DATE OF OPE	RATION	196 COND	II ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND TIFYING CAUSE	
1 2	21g. ACCIDENT WAS	UNIDERIUM E	21b. TIME C	NE IN LUCION		111. 110	YES NO		YES 🗍	NO 🗆
	OR CONTRIBUTING	_	LIOUD A		YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF	INJURY IN ITEM 18	, PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY			M.	19	AV . SCATION				
MED	21d. INJURY OCC	T WHILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	AT WORK	NORK			F 1	00 0	2 M	0	00	4.0
13	22a. I certify that	this hospi	March	e deceosed from		lary 22 . 19 8			. 19_83	, that Ku(we) lost
1	22b. SIGNATURE	e) (did) (dd) (view the body	ofter deoth.		nd that in (our) opinion		ne gote and n		
	man an	0	to be	1.	mD	ATTENDING .	MEDICAL	STAFF	226. DAI	z /83
-	22d PHYSICIAN'S		70.00(1)(7)	~~~~	7	PHYSICIAN [3/	6/03
			etka, M.	D		9000 Frank	lin Souano	Drive	21237	130
	I IUI	o n. uc	onus II.	D.		JUUU ITAIK	in square	DITAG	21721	

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detoched for use with the Stote Dept. of Heo IMPORTANT: If He

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 03-04-83

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION ELKRIDGE

HOWARD MARYLAND

BURTAL.
24 FUNERAL DIRECTOR

MEADOWRIDGE MEM. 21229

1980

25. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE MAR 4 1980

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Land the state of		WENT I
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	axists disclaims.	Ba 12
until arter gales	T. RESOURCE SELECTION OF THE SELECTION O	

12	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEA	F MARYLAND LTH AND MENTAL HY ATE OF DEATH	GIENE 8 3	6 1	7 6
		CEASED NAME FIRST Charles	MIDDLE	Kahler	SR	March 13,1983	DAY YEAR	11:23pm
	3. SE	M	4. RACE	5. DATE OF E	TRTH YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 62 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Some and the second sec		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED WIDOWED [NEVER MARRIED DIVORCED	Dat CHIUTE C	ounty	MD.
s ofter by the filled will		OSSV/LLE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST FRANKLIN	PEET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LI MACHINEST	FE) 12b. KIND C	OF BUSINESS OR
24 have filled in auld be must be	USU 130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE B	OWN 13	I. INSIDE CITY LIMITS?	IJE. STREET ADDRESS	ALLAI	RD RD
makita ed within and 2 sh exominer	14. F	FREDERICH	MIDDLE LAST		MOTHER'S MAIDENN BARB	ARA MIDDLE SC	HMIZ	51
mond co	1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS (E WAR OR DATES) 216/2	,	INFORMANT KATHRY	N KAHLER	AB	POVE
rtificate by physicial physicial physicial emavol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ally ane cause per line far (0), (b D BY: TE CAUSE (0) Goute	Myrear	hing close	uetin	BETWEEN	MATE INTERVAL ONSET AND DEATH
the death ce the attending remains or r er traumatic		4871 Canditians, if any, which	DUE TO, OR AS A CONSE	QUENCE OF	Bronchite	2.	6	days
that the day the lease rem iof, cremo	1	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF	desery W	who sterins	19	43
quires quires signe hen p to bur njury.	NOIL					MINAL DISEASE OR CONDITION GI		
N: The low re ysicion. ysicion. tronsit permit. Hygiene print. 18 shaws ony ii	CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR WH			YES NO Y	S, WERE FINDING FYING CAUSES ES	NGS USED S OF DEATH?
O PHYSICIAN: The ottending physician presting the street of street or and Mental Hygien when a street or item 18 show the other 18 show the other 18 show the other 18 show the other street or stre	_	₹10. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH	DAY YEAR 19		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
DIVISION or attending After this e as the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		I LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		27a. I certify that (1) (this haspi saw the decipied live on about 11 (well did no	Dial all	12 1	hat in (my) (our) apinion	n death accurred an the date and ha	ur and fram the	
HOSPITAL OR ATTEN ned by the hospital FUNERAL DIRECTOR. Jid be detached for us the State Dept. of He ORTANT: If Hem 21 is		22b. SIGNATURE	20	Mal	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
TO HOSPITAL retained by tale should be a should be a should be a should be a should be should be soften be should be		22d PHYSICIAN'S NAME AYPEC	essi M	D 2	6217 Ha	rford Rd Bas	tenou	49214
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	3/17/83		ETERY OR CREMATORY AMO'S	BALTO	MD.	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	T.G. CONV	ELLY 3		ACE 250.	AR 1 6 283 256	RAR'S SILVA	many.

District Contract of the Reserved Character St. Marketine 187 as one in the state of the sugarant state of the THE DE PLANT OF THE STATE OF THE WAR T TO CONTRACT TO CA. SOURCE AND CONTRACT OF THE MAIN 6 1883 Jacobs John John Mary

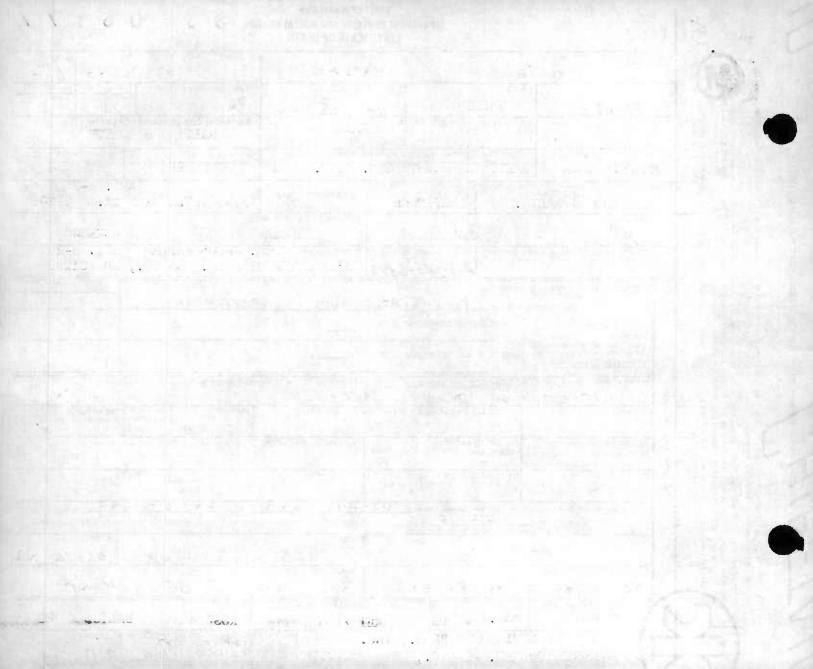
6010 REISTERSTOWN RD.

5	1-	FOR STATE REGISTRAR		ARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	REG. N		6 1	
1		CEASED NAME FIRST	MIDDLE	K/	APLAN	26. DATE OF DEATH	03 16		2b. H
7	3. SE	FEMALE	4. RACE WHITE	5. DATE C	DF BIRTH 14 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	FUNDER 1 YEAR	HOUR
35 Esec.	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE	XXXEVER MARRIED DIVORCED	9. BALTIMORE CITY O	MORE COUNTY		
5.5 Spiled	10. CI	TY OR TOWN OF DEATH	BALT IMORE COL	INTY GEN	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF THE CONTROL OCCUPATION OCC	FE CON	126. KIND C	HOM
ale be	USU. 130. S	AL RESIDENCE (IF NURSING HOME STATE 13b CO MARYLAND BA	OR OTHER INSTITUTION GIVE RESIDENCE UNITY 136 CITY OR BALTI	BEFORE ADMISSION) TOWN MORE	134 INSIDE CITY LIMITS?	3703 SEVE	A N MILE	PT. B- LA.	2 21
1030	14. FA	THER'S NAME	MIDDLE KESSLER	{	15. MOTHER'S MAIDEN NA REBECCA	WE		UNKNÔ	WN
medicol	16e V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL	SECURITY NO. 20-6893		R. JACOBAÇA MILE LA. B		APT. MD 2	B-2 120
_		couse (o), stoting the	DUE TO, OR AS A CONS	EGOENCEOF	-				
rs ony injury, or oth	FICATION	underlying couse lost.	T CONDITIONS CONTRIBUTING	STO DEATH BUT	Tellit us.	20s AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS U
2	A CERTIFICATION	Underlying couse lost. PART 2. OTHER SIGNIFICAN HYPERTE 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	T CONDITIONS CONTRIBUTING TON DIA	HICH OPERATIO	Tellit us.	286 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	NGS U
ws ony inju	MEDICAL CERTIFICATION	Underlying COUSE TOST. PART 2. OTHER SIGNIFICAN HYPERTE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURED)	T CONDITIONS CONTRIBUTING TON DIA	TO DEATH BUT CHECH OPERATION DAY YEAR 19	1ellit us -	286 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	NGS U
Hem 21 is morked or Hem 18 shows any inju		Underlying couse lost. PART 2. OTHER SIGNIFICAN HYPERTE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF ETHER NOTIFY MEDICAL EXAMI) 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK 22c.1 certify that (1) (this has sow the deceased olive.	T CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. CONDITION FOR W 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 217. LOCATION STREET DEL - 19 & 3 and that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the di	20b. IF YES, IN CERTIFY YES WN ote and hour state ond hour state on ho	COUNTY Ond from the	that (couse:
ws ony inju	MEDICAL	UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICAN HYPERTE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((FETHER NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED AT WORK 22a. I certify that (I) (this had sow the deceased olive above 11 liver dail id.) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYP)	T CONDITIONS CONTRIBUTING 196 CONDITION FOR W 197 CONDITION FOR W 198	DAY YEAR 19 FFICE, FARM, ETC.) TOM 19 19 19 19 19 19 19 10 10 10	216. HOW INJURY OCCUR 216. HOW INJURY OCCUR 216. LOCATION STREET O4 - , 19 & 3 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU-	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAF WN Dote and hour	WERE FINDING CAUSES THE COUNTY ON	that (couse

21215

BALTO.

MD

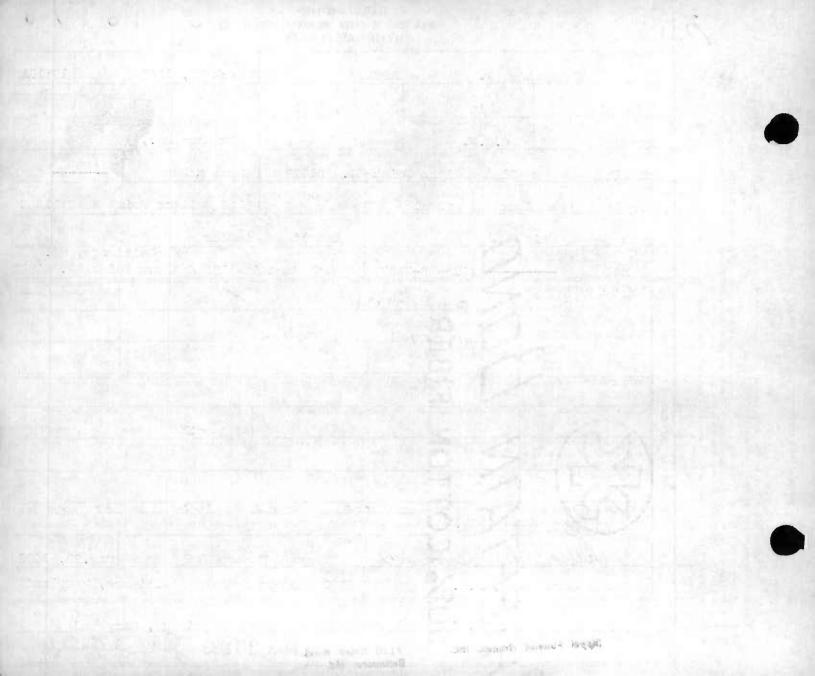


1	FOR - STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE & S	0	0 1	, 0
		RST	MIDDLE	i	AST	20. DATE OF DEATH		Y YEAR	2h HOUR
(TYF	PE OR PRINT) JOS	ephine M.	1	карта	IN	March 22,	1983		10:15A
3. SE		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	Female	Whit	te	July	28, 1902 YEAR	80	YRS	DAYS DAYS	HOURS MIN.
.7a. B	BIRTHPLACE (STATE OF FOREI		WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH	
M	iarvland	U.S.	Δ	WIDOWE	DINEVER MARRIED DINORCED	Baltimore	Co		446
10 0	Oundalk	11. NAME OF I		G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOME make	ON OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
USU	JAL RESIDENCE (IF NURSING H			ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			W
	Maryland B	altimore	Dundalk		YES NO K	3128 Solle	ers Poi	nt Roa	d 21222
1	ATHER'S NAME FIRST John	Meis	LAST		IS. MOTHER'S MAIDEN NA FIRST Cecelia	ME MIDDLE Fischer	4320	LAS	
16a '	WAS DECEASED EVER IN L	J.S. ARMED FORCES?	16b. SOCIAL SECUP	RITY NO.	17 INFORMANT		SS Balt	imore.	Md.
	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	215-10-7	937	Joseph Kapta				
	1541	MEDIATE CAUSE (0)	67.6	11-					
RIFICATION	Conditions, if ony, wh gove rise to immedicause (a), stating underlying cause le	DUE TO, OI otch otch otch otch otch otch otch otch		NCE OF	NOT RELATED TO THE TERM		20b. IF YES.	WERE FINDIN	IGS USED
CERTIFICATION	Conditions, if ony, wh gove rise to immedicouse 101, stoting underlying couse to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLY	DUE TO, OI of the the DUE TO, OI ost (c) ANT CONDITIONS CO	RAS A CONSEQUEI DISTRIBUTING TO D	NCE OF DEATH BUT OPERATION	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI 200 AUTOPSY? YES \(\text{VES} \) NO\(\frac{\text{X}}{\text{X}}\)	20b. IF YES, VIN CERTIFYI	WERE FINDINING CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, wh gove rise to immedicause (a), stating underlying cause le PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL E) 21d INJURY OCCURRED	DUE TO, OI oich ote the DUE TO, OI DUE TO, OI EANT CONDITIONS CC N 19b. CONDI N E OF DEATH XAMMER) 21e. PLACE (LAT HOME SIR	R AS A CONSEQUEI	NCE OF WEATH BUT OPERATION Y YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	NINAL DISEASE OR CONI 200 AUTOPSY? YES \(\text{VES} \) NO\(\frac{\text{X}}{\text{X}}\)	20b. IF YES, VIN CERTIFYI YES	WERE FINDINING CAUSES	IGS USED OF DEATH?
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7110 Belair Road Baltimore, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



18	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		8	S REG. NO.	0 6	7 9	,
be outh		CEASED NAME	E/E/E		E,	KA	ufman	20.	3/Ko/	EATH MONTH	H DAY YEA	25. HOUR	-
Page 4 may be director, page 3 hours after death e.	3. SE	Female,	4.	RACE GIHI	TF	5. DATE O	0.11	900	GE (IN YEAR	S LAST BIRTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS	
# 25 E		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNT	RY? B. MARRIEI WIDOWE	□ NEVER MARR	RIED 7. B	ALTIMORE		UNTY OF DEATI	4 4	AD.
offer officed		BALTIMORE			H FACILITY, GIVE ST	SING HOME C	R OTHER INSTITUT	ION 120	USUAL OC	CUPATION OR MOST OF WORK	12b. KIN INDUST	ND OF BUSINESS O	-
24 hour illed in wild be must be	USU.	AL RESIDENCE (IF NURSING TATE	SHOME OR OT	HER INSTITUTION	13c. CITY OR TO	FORE ADMISSION)	136. INSIDE CITY LI YES MO	IMITS? 13e	STREET AD			21214	
within within	14. FA	THER'S NAME FIRST	MIC	B (GOYER		15. MOTHER'S MA	IDEN NAME		AIDDLE	_ Y06	LAST	
be executed on and conse. Pos		AS DECEASED EVER IN	U.S. ARME		16b. SOCIAL SI		17. INFORMANT Wm Met		Don 1	ADDRESS		ord Ra	.14
h certificate iding physici or removal. otreeot, th		18. CAUSE OF DEATH PART I. DEATH WA 2900 If Conditions, if any, y	AMEDIATE (BY: CAUSE (a)	R AS A CONSE	DUENCEOF	arest				BETW.	PROXIMATE INTERVAL KEEN ONSET AND DEATH	-
signed by the hen please ret to burial, crem jury, or other	N	gove rise to imme couse (o), stating underlying couse PART 2. OTHER SIGNIF	diote the lost.	(c) S	RAS A CONSE	Demote OF	NOT RELATED TO T	THE TERMINA	DISEASE C	R CONDITION	S NIGIVEN IN PAR	7 110	
mit.	CERTIFICATION	190 DATE OF OPERATION	N	19b COND	ITION FOR WH	CH OPERATIO	N WAS PERFORMED		POO AUTOPS	Y? 20b.	IF YES, WERE FIN ERTIFYING CAU YES	NDINGS USED USES OF DEATH?	
phys rrifico ol-tro ol-tro trol Hy em 18		21q. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICA)	JSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY						
ond and ked	MEDICAL	21d. INJURY OCCURRE		21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC)	21f. LOCATION STREET		C	ITY OR TOWN	COUNTY	STATE	
of He us		22a.1 certify that (1) (t saw the deceased above, (1) (we) (die	olive on	ottended the	e deceased from	42 4			to 16	n the date and	d hour and from	, that (I) (we) lo	st
he he he ho cache ache be bept		22b. SIGNATURE	版	М	D, MPH,			DING M	EDICAL RECTOR [STAFF PHYSICIAN	46	March 83	
TO HOSPITAL stained by 11 TO FUNERAL should be det with the State MPORTANT:		Henry M. S			1.D., M.	Р.Н.	22e. ADDRESS 9712 Bel	l Air F	Road,	Balto.	Md. 21	1236	
BP	1	URIAL, CREMATION, RESPECTIVE	MOVAL	23h. DATE 3-19-	- \$3	1)	METERY OR CREM		23d. LOCATIO	Own Z	ALTO	, Mo	
HMH - 16 50M 4/82 (VRA 15, 4)	24 FU	HARTLEY	Mill	er	7527	HARF	BORORO	25 MAR	88,83	STRAR 25b. RE	GISTRAR'S, SIGI	Lahren	

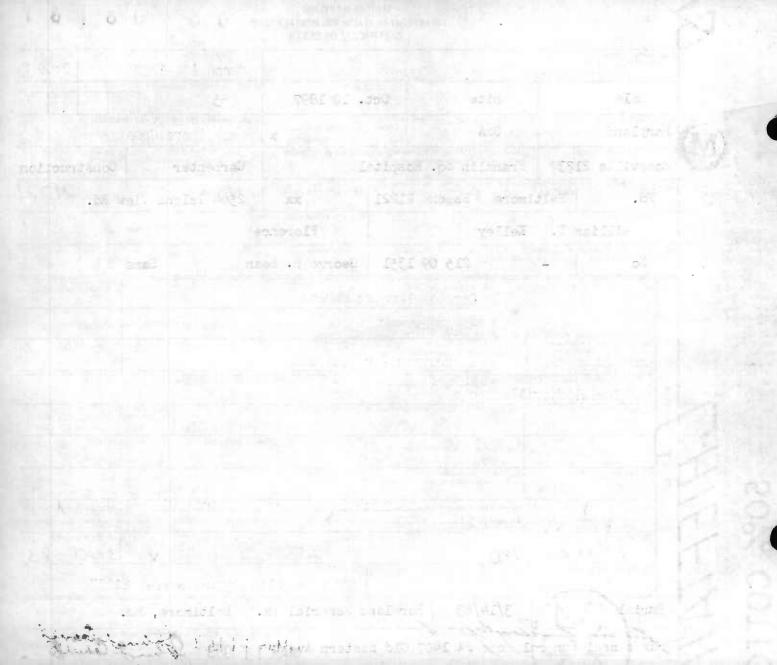
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William E. Johnson8521 Loch Raven Blad

(VRA 15, 4)

STATE OF MARYLAND

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-	1-	FOR STATE REGISTRAR			DEPARTA	CERTIF	OF MARYLAND EALTH AND MENT ICATE OF DEAT		REG. N		6		8	2
		OR PRINT) FRAN	ICES		P.		RSTEN		MARCH 31				1:55	P
	3. SE)	Female		4. RACE White		5. DATE C	uary 20,	"1892	6. AGE (IN YEARS LAST B	RTHDAY) YRS.	IF UNDER I		HOURS	4 HRS
3		RTHPLACE (STATE OR FO OUNTRY) Maryland		U S A	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARR		Baltimore City		unty			MD.
0		TY OR TOWN OF DEAT		Dulane	HOSPITAL, NURSIN THE FACILITY, GIVE STREET TOWSON	Nursi			126. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST SALESPERSO	OF WORKING LI	E) INDUS	STRY_	Sale	
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7		THER'S NAME FIRST Francis		MIDDLE	Saumenig		Ada FIRST	IDEN NAA	MIDDLE		Ree	LAST L		
	()	(AS DECEASED EVER IN ES, NO OR UNKNOWN)		MED FORCES?	216-10-82		Mrs. Mai	cion	M. Staley,				210	
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7	CERTIFICATION	Senile		196. COND	TOME	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	IN CERTIF	S, WERE F			1?
		710. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DE		OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJ			RT 2}	, no	
	MEDICAL	21d. IN JURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E 🗆	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET		CITY OR T	OWN	COUN	TY	ŞT	ATE
		22a. I certify that (I) (sow the deceased obove, (I) (WK (d) 22b. STONATURE 22d. PHYSICIAN'S NA/ Dr. Donal	this hosp dolive or d) (did no ME (TYPE (DR PRINT)	19	83 , or	DEGREE ATTEN PHYS 22e. ADDRESS	IDING ICIAN	MEDICAL STA	AFF	4	h the co	A3	led
3	23a E	URIAL, CREMATION, R	EMOVAL	23b. DATE 4/4/8			emetery or crem		23d LOCATION CITY OR TOWN Baltimor	е	COUNTY	ylar		ATE.

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been

(VRA 15, 4)

4/4/83 Witzke Catonsville Funeral Home, P.A. 21228 APR 4 1983

Woodlawn Cemetery

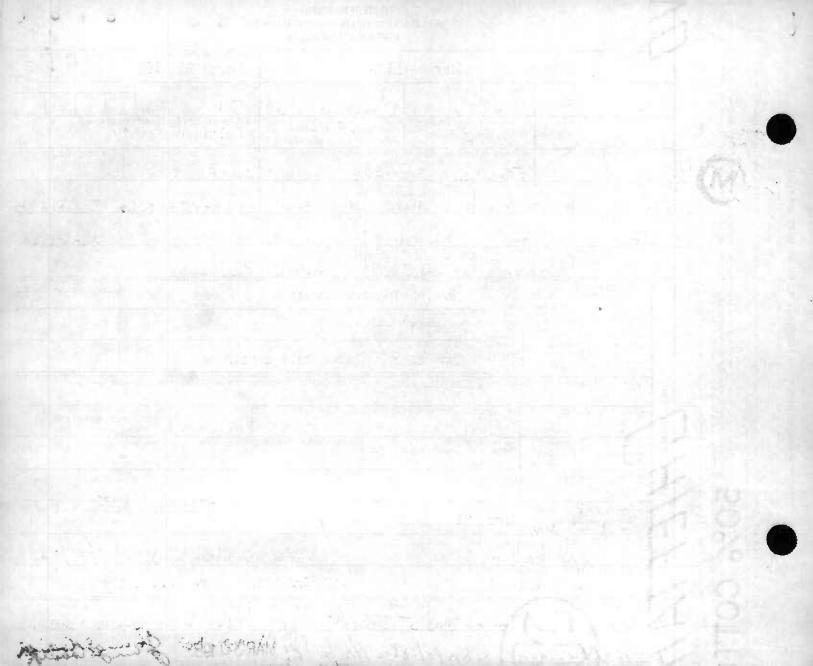
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(VRA 15, 4)

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	1	FOR STATE	RAR			DEPAR	TMENT OF	E OF MARYLAN BEALTH AND MI FICATE OF DE	ENTAL HYGI	IENE 8	S REG. NO	0	6	7	8 5
		PECEASED PRINT	NAME	FIRST	415 14	WIDDLE		LAST		2a. DATE O	FDEATH	MONTH	DAY	YEAR	25 HOUR
er death				LEWIS				LOPSCH				3/		83	1:00PM
- Ad	3. i	SEX 1M			4. RACE	W	5. DATE (30 YEAR 98	6. AGE (IN		YRS.	MONTHS		HOURS MIN.
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Sunst be not	5 13		MD	13b. CON	other institution	13c. CITY OR TO	ORE ADMISSION)	134. INSIDE CIT	NO M	130. STREET 9 St	ADDRESS Mich	naels	Way	-212	212
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buriol, cremotion, or rem ury, or other troumotic eve	2	gove couse under		, which mediate ing the lost.	DUE TO, (b)	POS \$ 1 PS	DUENCE OF	A					IVEN IN	PART 11c	
ows ony in	CENTIEICATION	19a. DAT	E OF OPERA	TION	196. CON	OITION FOR WHIC	CH OPERATIO	ON WAS PERFOR	RMED	200. AUT	OPSY?	IN CERT	ES, WERI	E FINDIN CAUSES	IGS USED OF DEATH?
em 18 sho		00.000	RIBUTING ER, NOTIFY MEDI	CAUSE OF DE	ATH HOUR A	OF INJURY I.M. MONTH	DAY YEAR	21c. HOW INJU	URY OCCURR	RED (ENTER N	ATURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)	
rked or h	AACDICAL	21d. INJ	URY OCCUR	RED	21a. PLACE	OF INJURY TREET, FACTORY, OFFIC		211. LOCATION STREET	N		CITY OR TO	OWN	co	OUNTY O	STATE
21 is mo		SOM	the deceas	ed olive or				and that in (my) (our) opinion o	death occurr	ed on the d	ote and he			
Stote Dept.			NATURE	the	atten	C -	-		TTENDING A	MEDICAL DIRECTOR	STA PHYSIC	FF CIAN [27	2c DATE	SIGNED
with the Stote			rsician's n		јее - 6	36-3326		3927 A	Annapol	lis Ro	ad,Ba	ltimo	re,	MD 2	21227
5 ≥ ≦	23	a. BURIAL, (REMATION,		-0-1		c. NAME OF	CEMETERY OR CE	REMATORY	23d. LOC	ATION YOR TOWN		COUN	VIY	STATE
M 4/B2		FUNERAL MARYL			BAI	6/83 TIMORE, 655 W.					registrar 1983	256. REGI	STRAR'S	SIGNAT	URE
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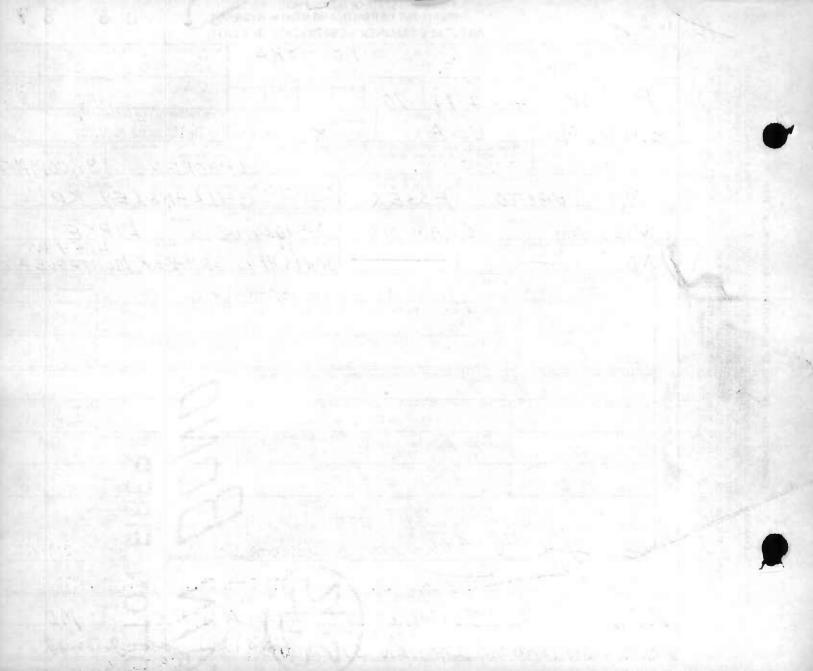
DHMH - 16 50M 4/B2 (VRA 15, 4)

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N A	11-	STATE REGISTRAR	MI	EDICAL EXAMI	NER'S C	ERTIFICATE O	FDEATH	REG. N	NO.	• .		7
AC.		CEASED NAME FIRS	r	MIDDLE		LAST	2a. DA	TE KNOWN	MONTH	DAY	YEAR 2	b. HOUR
HA MIG	(TY)	PE OR PRINT)	Date of the second	1.	K	lunk	DE	ATH MATED	3	3 1	9 83	M
A PRINT	3. SE		5. DATE OF BIRTH	6 AGE (IN	EARS IF UN	DER LYR LIEUNDER		ATE	HINOM	DAY	YEAR	10:45
2016	Fe	emale White	April 4	.1964 18	DAY) MONTH	DAYS HOURS	MIN. PRON	OUNCED	3	3	19 83	a. M
AL AL AL	70 B	IRTHPLACE (STATE OR		VHAT COUNTRY?	_	ED XNEVER MARRIE	9. BA	LTIMORE CITY	OR COU			
SA SA SE		reign country)	U.S	.A.	WIDOW			Baltim	ore C	ount	/ .	MD.
E S W S S S S S S S S S S S S S S S S S		ITY OR TOWN OF DEATH	11 NAME OF HO	SPITAL NURSING HOM	AE. OR OTH	ER INSTITUTION	12a. USUAL OC	CCUPATION (T		112b. KIN	D OF BUSI	NESS
海伯斯里州厂	S Ra	andallstown	Baltim	facility, give street address ore County	Genera	al Hospital	Sales.	working tife)			thing	
10 mm	USU	AL RESIDENCE (IF IN NURSING H	OME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS	SION)							
D. 21201 IF AN DEL 2, AND 3. RETAIN SHOULD BE NECORDS.	5 130. 5	Md. Ba	ilto.	Owings Mil	ls		57A Lor	wergate	Ct.	2.	1117	
D NONA	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDER	NNAME	MIDDLE	0	Gray '	AST	
ESTH PRINT		Herbert		Tillson		Nancy	TALLE					
TIMOR TER DE FORM ON OR		WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECUR		17. INFORMANT		57APE	Swerg	ate	Court	
URS AFTER I URS AFTER I B. GIVE PA WITH FORM T. PAGES I DIVISION (No		212-80-36	62	Michael S	Klun	k Owing	s Mil			
: 500 ≥ 10		18 CAUSE OF DEATH (Ent			The same	~				BETWI	PROXIMATE IN	ND DEATH
PRESTON ST ITHIN 24 HOV CIL IN ITEM 11 VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		PART I DEATH WAS CA	DIATE CAUSE (o)	Combined Dr	ug Int	oxication						
NOV.		3077		R AS A CONSEQUENCE	E OF							
A PREA		Conditions, if ony, w										
S S S S S S S S S S S S S S S S S S S	1	couse (a) stating the un lying couse last.	der- DUE TO, C	R AS A CONSEQUENCE	E OF							
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L RECORDS, 201 W. PRESTON ULD BE EXECUTED WITHIN 24 IV. "PENDING" IN PENCIL IN ITER TE ARDICAL EXAMINER ALON TO AS A BURIAL -TRANSIT PER HEALTH AND MENTAL HYGIEI IL, CREMATION, OR REMOVA		PART 2 OTHER SIGNIFICANT CONDI	IONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITION GIVEN IN PAR	T 1 (a),		- 1		-	2013
ECORDS BE EXE ENDING MEDICA AS A BE CREMA	CERTIFICATION											
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S THOUSE	> 3	CONTRIBUTING CAUSE		M. 19				4 - 4 - 5				
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	MEDICAL	214 INJURY OCCURRED		OF INJURY (AT HOME,		CATION	CITY	OR TOWN		OUNTY		STATE
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R: TI VTE, ORW R: P, 2 D, 2		22a. I certify that Ltook	harge of the remains d	escribed above, held on	Autop	sy XX Inspection	. Inc	Jury .	ond in my	opinion		
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MEDICAL CUTE THE SE 4 SHO FUNERAL TIMORE,				//								
A PURIOR PROPERTY.	4	(TYPE OR PRINT)	ennis F. S	myth/M.D.		ADDRESS	Penn S					
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.	BURIAL, CREMATION, REMOV		23c. NAME OF C	EMETERY C	R CREMATORY	23d. LOCATION	ON	CC	YINUC	STA	TE 3
BP661		Burial	Mar. 7,198	33 Druid	Ridge	Cemetery	Pikes	ville,	Balt	o, Co.	.Md.	1
DHMH - 17	74.	The South of the Chold	ADDRE	SS		250. DATE R	EC'D. BY REGI	STRAR 256. RE	GISTRAR'S	SIGNATU	URL	
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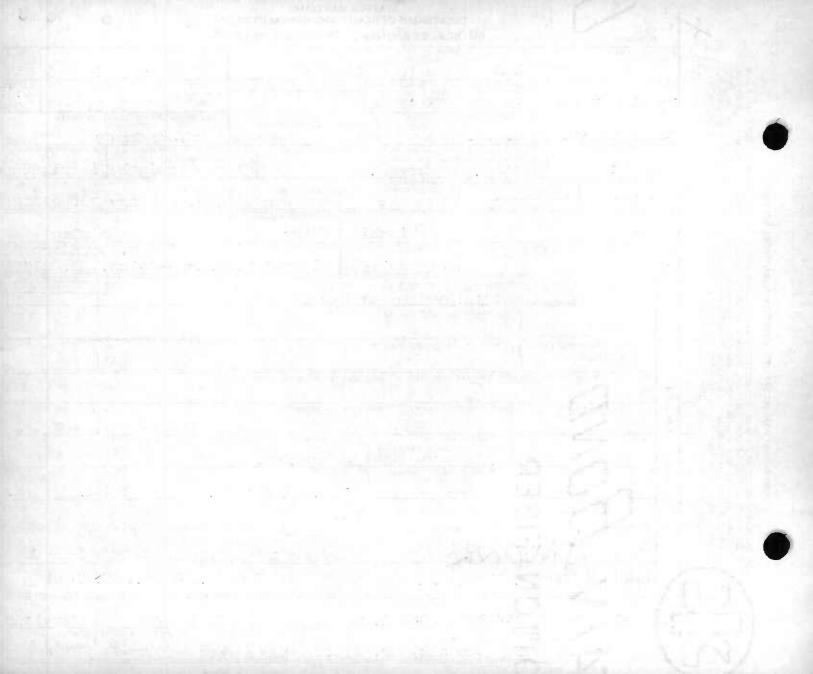
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		/		STATE OF MARYLAND	1 0 2
	10		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 1 8 /
	-1		REGISTRAR CEASED NAME FIRST	REG. NO.	DAY YEAR 26 HOUR
	. S. S. ₹.	(TYF	e OR PRINT) Clara	OF ESTI-	6 /02
	CTO	3. SEX		S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	
	SARY, PLEASE ALORECTOR. YOUR, FILES. HN72; HOURS SYON STREET,		FW	MONINS DATS HOURS MIN, PRONOUNCED	6/8319 P M
	NECESSARY CUNERALOR S FOR YOU WITHIN 7		RTHPLACE (STATE OR REIGN COUNTRY)	**MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	
T	S NECESSARY E FUNERALORR E S FOR YOUR W. PRESTON S	1	SALTO, MD	USA WIDOWED DIVORCED Baltimore Co	1.10
	AY IS NE THE FUI THE FUI AGE 5	10. CI		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
	DELAN 3 TO T IN PA NDS, 2	USUA	LSSEX AL RESIDENCE (IF IN MURSING HOME O	1541 Langley Rd. OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	BROOMINFE
21201	R DEATH. IF ANY DELAY IS NAGES 1, 2, AND 31 OTHER PROPERTY IN AND 2 SHOULD BE FILED. NO ONLY RECORDS, 201 WALLS OF THE PROPERTY IN A DESTRUCT OF THE PROPER	13a. S	MA 136. COUN	13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO	21221
WD.	TH. IF N. 3. N. 3. N. 3. N. 3.	14. F/	THER'S NAME	15. MOTHER'S MAIDEN NAME	100
	OSSA PET		WILLIAM	COMMINS CAROLINE LIA	KE
OWI	F PAGE FORM ON OP			MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	4059 W.
BALTIMORE,	S AF GIVE BITH P PAGI VISIC		140 -	- DORISHEISTERHAGER MO	NTAGUE AVE
ST.,	MA 18. MA 18. MAIT. I'NE, D		 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE 	nly one couse per line far (o), (b), ond (c).) DBY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RES	FR A SIL IN		Conditions, if ony, which		
× .	ANN TRA		gave rise to immediate cause (a) stating the under-		
, 201	EXAN EXAN ID MEL-		lying cause last.	(c)	
RECORDS,	IS THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER ITE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAR RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR ITEM AND THE PRIMIT. PAGES 1 STATE EPERATIVENT OF HEALTH AND MENTAL HYGIENE, DIVISION 07, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.	7	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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- 14	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		SIGNATURE	M.D. ASSISCAIL MEDICAL EXAMINER SIGNE	0 0/1//00
	TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL		EXAMINER'S NAME (TYPE OR PRINT)	Hormez R. Guard, M.D. ADDRESS 111 Penn St., Balto., M	ld. 21201
	5 <u>X</u> 45 <u>4</u> 8	23a.B		236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY OR TOWN COUNTY	
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STATE OF MARYLAND



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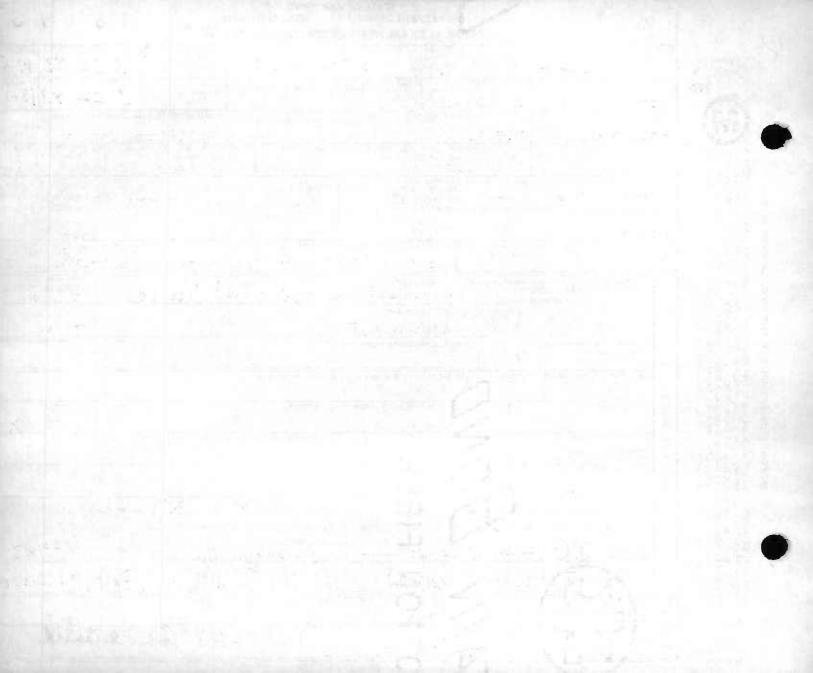
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	TO MEDICAL EXAMINE: THE CETTIFICATE, VEAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STABATTMORE, MARYLAND, 21	73a.BI	JRIAL, CREMA	TION, R	EMOVAL 2	3b. DATE		73,	NAME OF C	EMETERY O		ORY	23d. LOC	ATION		-	====		
	20	Ri	rial				/19		arden				CITY OF	time	0 200	CO	UNTY NA	100	ate a m al
	BP		JNERAL DIRECT	TOR	וולם - ו	D1101	T.	0010	aruel.	OI.	гал	250. DATE R	EC'D. BY F	REGISTRA	R PRES	GISTRARIA	SKOPATI	ryl	and
	DHMH - 17 (VR A15 MF (5\)	70	NAME	20	\uua-i	Ruck	ADDRES:	adali	l- 34T	272		RAALJ	2919	383	tol	my	. lau	ulf	
	(VK A ID ME (D))	1 / 4	1/1/1	-0	AMANI	110	1 1177	1 600	V 1/1	1 / 1 - 3	11				1				

20M 4/82



STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			IRST	MIDDLE	LAST			20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	(TYPE	E OR PRINT)	UTH		LAI	4N			3	13	83	4230
	3. SE		4. RACE		5. DATE OF B	IRTH 5	1907	6 AGE (IN YEARS LAST BIR	THDAY)		RIYEAR	IF UNDER 24 HRS
		F EMALE		W. HITE	MONTH 2	XXX	XXXXX	7×3× 7	6 400	MONTHS	DAYS	HOURS MIN.
21		IRTHPLACE (STATE OF FORE	IGN 76 CITIZEN	OF WHAT COUNTRY?	8	_		9 BALTIMORE CITY O		Y OF DE	ATH	
17		COUNTRY) USSTA		USA	MARRIED L		ORCED	BALTIMOR	F COL	INTY		MD.
1	10 C	ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NURSIN	IG HOME OR C		ITUTION	12a USUAL OCCUPATI	ON	12b.		F BUSINESS OR
	R	ANDALLSTOWN		TIMORE COUN		HOSP		HOUSEWIF		IFE) IND	AT	HOME
5	130.	AL RESIDENCE (IF NURSING I	HOME OF OTHER INSTIT	131. CITY OR TOW	ADMISSION)	I. INSIDE CI		13e. STREET ADDRESS				HOPPE
5	M	ARYLAND	BALTO.	BALTIMO			NXXX	6 POMONA S	OUTH.	AP'	Г. 1	#21208
20	14 F	ATHER'S NAME FIRST	MIDDLE	LAST	15.		MAIDEN NAM					
X		HYMAN		RACHLIN			BESSIE	WIDDLE		UNK	NOWN	
		VAS DECEASED EVER IN L	J.S. ARMED FORCE		RITY NO. 17	INFORMAN	IvI	RS. ARNOLD	LIEBE	ERMA	N A	PT. 1
		NO		212-74-	7214	6 POM	ONA SO	UTH BALTO	., MI) :	2120	8
		18 CAUSE OF DEATH (E	nter only one cous	e per line for (a), (b), one	dicto					В	APPROXIA	MATE INTERVAL
			MEDIATE CAUSE	CARMO.	RESPI	CATOR	y AR	PREST				
		7760	DUE T	O, OR AS A CONSEQUE	NCE OF		1					
		Conditions, if ony, who gove rise to immedi	sich (PNEU	MONI	A -		BEING				
		couse (o), stating		O, OR AS A CONSEQUE								
Н			- (COP								
	z	PART 2. OTHER SIGNIFIC	CANT CONDITION	IS CONTRIBUTING TO E	DEATH BUT NO	T RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GIV	VEN IN F	ART Ira	
	ATIO	19a. DATE OF OPERATION	1 19h C	ONDITION FOR WHICH	OBEDATIONIA	/AC DEDECOR	NA ED	20g AUTOPSY?	Tool IF VE	C WEDE	SILID O .	
1	CERTIFICATION	TAL DATE OF OTERATION	178.60	SIADITIONAL WINCH	OFERATION VI	AS PERFOR	MED	.1	IN CERTI	FYING (AUSES	GS USED OF DEATH?
\equiv	ERT	21a. ACCIDENT WAS UNDERLY	ING [7] 216. TI/	AE OF INJURY	21	r HOW IN I	LIPY OCCUPE	YES NO NO NED (ENTER NATURE OF INJUR		ES 🗍		NO 🗌
1		OR CONTRIBUTING CAUSI	E OF DEATH HOU	R A.M. MONTH DA	Y YEAR		OKT OCCORR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PARI I OR	PART 2)	
/]	MEDICAL	(IF EITHER NOTIFY MEDICALE)		P.M. ACE OF INJURY	19	LOCATIO	N					
	ME	WHILE NOT WHILE	LAT HOA	E STREET, FACTORY, OFFICE, F		STREET		CITY OR TO	MM	COL	JNTY	STATE
		22a.I certify that (I) (this	hospitol) ottende			24	, 19 8 3	_, to3 -	13	19 8	3	hot (I) (we) last
		sow the deceased of obove, (I) (we) (did) (live on	3-/3 19 6	3 ond th	not in (my) (our) opinion d	leath occurred on the do	te and had	ur and fr	om the c	ouses stated
	8	226. SIGNATURE	1	1/2	DEG					22	DATE S	IGNED
	fig.		Dun	NA	M	D AT	TENDING HYSICIAN [MEDICAL STAF	IAN		3-1	13-63
		22d. PHYSICIAN'S NAME		17	22	e. ADDRESS						
		RAYNOLD	DEPE	STRE		BALT	IImon	E COUNTY	4E	NEI	PHL	
	23a B	URIAL, CREMATION, REM	MAR .	15 1983 LU	IAME OF CEME	TERY OR CE	REMAJORY H ART	23d. LOCATION DA	LE	COUNT	BALT	O. MD _E

TAMID

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

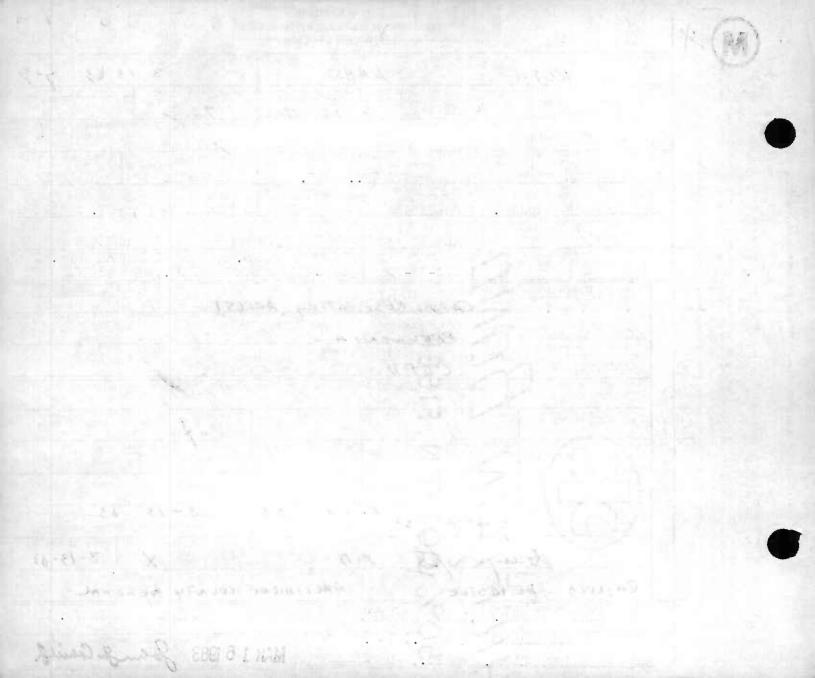
BP

BROS., 21215 BALTO. 6010 REISTERSTOWN RD

LEVINSON &

SOL

MAK 1 6 1983 Shegistrar's signature.



or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury,

STATE OF MARYLAND

		REGISTRAR				CENTII	ICATE OF DEATH	R	EG. NO.					
		EASED NAME		MIDDLE LAST				20 DATE OF DEATH MONTH DAY YEAR 26						
	(TYPE	OR PRINT)	SER	NAIRI		LAM	0	3	12/	83	10.15A.			
	3 SEX					5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS						
	I	MALE				DEC	. 29°, 189°9°	8	33 YRS	MONTHS DAYS	HOURS MIN.			
		TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHA				/HAT COUNTRY? 8. MARRIED ☒ NEVER MARRIED ☐			9 BALTIMORE CITY OR COUNTY OF DEATH					
>	MARY LAND					WIDOWE		BALTIMORE COUNTY						
10	10 ⊂1	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME O				12ª USUAL OCC	OF BUSINESS OR					
5		RANDALLSTOWN		BALTIMORE COUNTY GE			EN. HOSPITAL	SMAN INDUSTRY INDUSTRY						
d	13a. S		NG HOME OR		130 CITY O		1 13d. INSIDE CITY LIMITS?	13e STREET ADD		T. 105				
1	1	MARYLAND			BALT	IMORE	YES XX NO [7121 P	ARK HTS	. AVE.	21215			
	14 FA	FATHER'S NAME FIRST MIDDLE			15. MOTHER'S MAIDEN NA									
			RLES	LAND			^{FIRST} JENN]	UNKNO	WN 1					
2		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			of Contract of	L SECURITY NO.	17 INFORMANT MI	RS. SADE LAND APT. 105						
		NO				09-2479	7121 PARK H	rs. AVE.	BALTO		21215			
		18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)									XIMATE INTERVAL LONSET AND DEATH			
		11110 IMMEDIATE CAUSE (a) Candiac Fair Cure.												
		Conditions, if ony, which () A Y LUGO Sclew TC Cardiac & France												
1		Conditions, if ony, which gave rise to immediate (b) Ar less sites a contract of feet												
		couse (o), stoting underlying couse		DUE TO, OI	R AS A CON	ISEQUENCE OF								
		(c)												
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
-	CERTIFICATION	19a DATE OF OPERAT	ION			WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	2 120h 1F Y	ES, WERE FIND	INGS LISED			
>	IFIC	2/28/8	33	Con		ma (1 011/		IN CERT	TIFYING CAUSE	S OF DEATH?			
	CERT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY							75	YES DEPART 1 OR PART 2)	NO [
		OR CONTRIBUTING C				H DAY YEAR	42							
	MEDICAL	21d. INJURY OCCURRI		21e. PLACE		19	21f LOCATION							
	M.	WHILE NOT WHILE	LE 🔲	(AT HOME, STR	CII	TY OR TOWN	COUNTY	STATE						
		22a.l certify that (I) (tol) ottended the	a deceased	from)	10 19 83	, to 3	12	1983	, that (I) (we) lost			
		sow the deceased alive on 3/2/83 19 ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.												
		226 SIGNATURE	01/(0.0 110	1/ 2	orter decim		DEGREE				ESIGNED			
		ATTENDING MEDICAL STAFF PHYSICIAN D DIRECTOR PHYSICIAN									2/83			
,		22d. PHYSICIAN'S NA	. /				22e ADDRESS T							
		D. 0 - 1	MA	DHA	70	NEW L	Ruxton 10	wers	0 '		21204			
		URIAL, CREMATION, F		23b DATE	1097	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO BALG	MAMORE	COUNTY MA	RYLAND			
		SPECIFY) BURI	AL	MAR.4,	1202	CHILLON	MAIONO	שרוש	THORLE	COOM LITTLE	THE PART OF THE PA			

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 2 21215 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

051,

WHITE

USA

LKYLAND

MARYLAND

ON

CHARLES

RANDALLSTOWN BALTIMORE COUNTY GEN.

BALTIMORE

LAND

212-09-2479 7121 P

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.				
DECEASED NAME FIRST	MIDDLE	LA	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR		
Harr	y Dost	Lα	uterbach		3 23	3 83	4:20p M		
SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY}	F UNDER 1 YEAR	R IF UNDER 24 HRS		
Male	White	MONTH 8	23 YEAR 3	79	YRS	ONTHS DAYS	HOURS MIN.		
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	XX NEVER MARRIED	9 BALTIMORE CITY		OF DEATH			
MD	U.S.A.	WIDOWE		Baltimore	e Count	ty	MC		
Randallstown	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET, Meridian Nursin	IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Maintenance Supt. Potato Chip					
MD Prin		N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 5011 Padue			20740		
FATHER'S NAME FIRST Ferdinano	MIDDLE LAST Lauterba	ach	15 MOTHER'S MAIDEN NAM Nettie	WE		Jobe	ist.		
	RMED FORCES? 16b SOCIAL SECU IVE WAR OR DATES) 215-05-48	· ·	Mrs. 5011 Paducah	Ivel Lauter Rd., Collect	sş rbach ge Parl	k, MD	20740		
gave rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \cap \)				
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	LAT HOME STREET EACTORY OFFICE EAGUE SYCH STREET CITY OR TOWN								
AT WORK AT WORK	63	STATE							
220.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspital) attended the deceosed fram 120.1 certify that (1) (this haspita									
22b. SICINATU	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
220. PHYSICIAN'S NAME (TYPE		161	ne ADDRESS 5310 Old Court Road Randallstown, MD. 2113						
	insberg, M.D.				ndalls	town,	LID. 711		
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			METERY OR CREMATORY W Memorial Po	23d LOCATION	• 77	COUNTY 7	Z MD		
Dut. rar	0/20/00 Lak	ie vie	w Memorial FC	irk Sukesv	ulle (Carrol	· L MID		

DHMH-16 50M 1/B1 (VRA 15, 4)

BP.

MPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event,

8728 Liberty Rd., Randallstown, MD 21133

Loring Byers Funeral Directors, In the DATE REC'D BY REGISTRARY RE

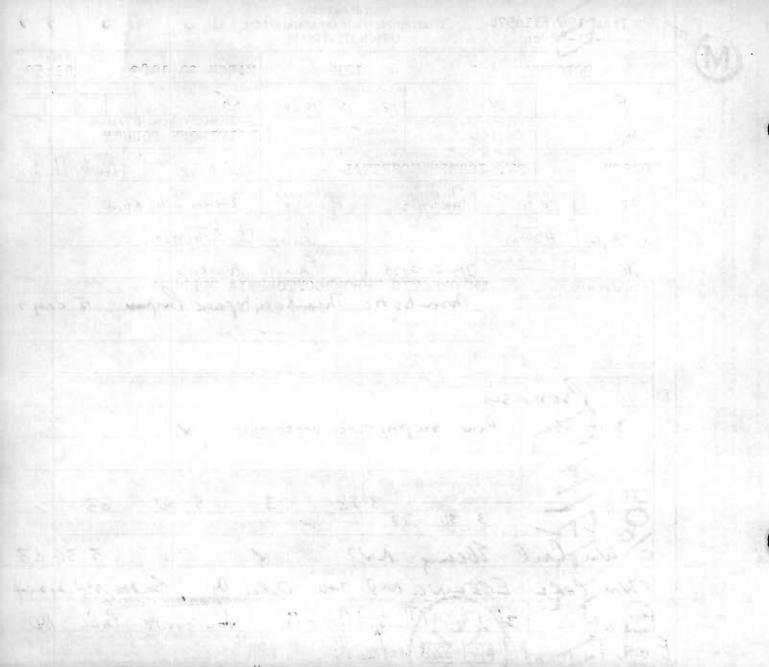
Third . On a read Remodificoun, RD. 13141

					SIAII	UFMAKTLAND	, A1 h	A 54 P	1. 3	9 7
	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG		U	0 1	7 /
	1 00	CEASED NAME FIRST	MIDD	15		- CT	REG. N		DAY YEAR	E1 110115
		OR PRINT) PHIL			AVA	RELLO	20. DATE OF DEATH	5	1983	9:00AM
	3. SE:		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	
	Ma	ale	Cauc. XXXX Jan						MONTHS DAYS	HOURS MIN
900		RTHPLACE STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTRY? 8			NEVER MARRIED, X	9. BALTIMORE CITY OR COUNTY OF DE			Y
20	10.0	Baltimore TY OR TOWN OF DEATH	USA	DIAL ALLIDEDA	WIDOWE		12a USUAL OCCUPAT			MD. OF BUSINESS OR
56	10. C	TOWSON				FS ST	(TYPE OF WORK FOR MOST O	OF WORKING LIF	FE) INDUSTRY	
Townst be		AL RESIDENCE (IF NURSING HOME TATE 13b. CO		RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		-1-1-	
50			lto T	owson		YES NOTE	307 Dixie	Dr.		21204
O Semine	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LA	ST 1
			avarello				Schiaffino			
medico		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	SOCIAL SECUR	- 1111111	Lava:	rrello	:55		
aval.		No	[2.	15-09-42	247	Angela/ 30	7 Dixie Dr.	Tow	son, Md	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one couse per line	EPATORI	FΝΔΙ	FAILURE			BETWEEN	ONSET AND DEATH
9 4		IMMEDI	ATE CAUSE (0)	LIAION	LIVAL	TATLONE				
mofic	-11	1552	DUE TO, OR AS	RC9NFAM	ACE OF F	THE LIVER			3	WEEKS
traur	- 7	Canditions, if any, which gave rise to immediate	(b) CA	10 11011	- 01	1110 011011				
diper		cause (a), stating the underlying cause lost.	DUE TO, OR AS	S A CONSEQUEN	NCE OF					
jury, ar	z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONT	RIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0'
ony ir	CERTIFICATION	190. DATE OF OPERATION	196. CONDITIO	N FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI	
shows	I F		W 184				YES NO		FYING CAUSES	OF DEATH?
80 /	CER	210. ACCIDENT WAS UNDERLYING	110110 4 44		VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 I	PART I OR PART 2)	
Mental Hygi		OR CONTRIBUTING CAUSE OF E	LAIN	MONTH DAY	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF I			21f. LOCATION	CITY OR TO	NWN	COUNTY	STATE
lth and larked	¥	WHILE NOT WHILE D		FACTORY, OFFICE, FAI		JINEE			0.0	
		22a.1 certify that (1) (this has saw the deceased alive	pital) attended the de	eceased from _	2-19	19 83		, ,	19 03	that (I) (we) last
		saw the deceased alive abave, (I) (we) (did) (did	on 3-5	19 8	<u>3</u> , or	d that in (my) (aur) apinion o	death accurred an the d	ate and hav	or and fram the	causes stated
9		226. STONATURE	nor view me bady drie	O COM		DEGREE			??c. DATE	SIGNED
	Dovald O Leocard W) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN C									
1		224. PHYSICIAN'S NAME TTYP	OR PRINT)	_		22e ADDRESS				
1		DONALD &	s. woo	D M)		GBMC 6701	N. CHARLI	ES ST	, TOWS	SON MD
		URIAL, CREMATION, REMOVA	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
-	74 E	Burial UNERAL DIRECTOR	3/8/83	Dular	ey V	alley Maus	Cookeysy	ille	TRAR'S SIGNA	TIIDE
1/82	4 1	Mitchell-Wide:	Fold Home	7500 Yo		1 344	R 1 0 1983	John	م عب	will
		TITTCHETT-WIGE	rera nome	/ DUU Y C	DIK K	oad I IIII	7 0 1000	V	-	76.5

2 2 2 2 TO SEE THE COLUMN SECTION OF THE SEC of common the elvent to be seen to the terms of the common to SHOULD A LONG THE STATE OF HIPLE VITE ON THE WOLLS WOLLD WOLLD WITH THE WOLLD to all the state of the state o

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6	1.	FOR Item 19 STATE REGISTRARH-21-	b Fil 83 cn	m578	DEPARTA	MENT OF H	EALTH AND MEN ICATE OF DEA	ITAL HYGI	ENE 8	S REG. NO.	0	6	99
3 (M)		CEASED NAME CORPRINT) DOF	FIRST		L	L	LEE		20. DATE OF MARCH	DEATH M	_	Y YEAR	26. HOUR P 01:50 _M
Page 4 may director per hours after	3. SE	F		RACE		5. DATE C		28	AGE INYE		YRS.	UNDER I YEAR	IF UNDER 24 HRS
death. P. death. P. ynerol d		RTHPLACE (STATE OR FOI		USK	WHAT COUNTRY?	WIDOWE		CED	BALTI			TY	MD.
201 rs after by the f filed wit		TOWS ON		ST. J.	SEPH "H	SPI	ROTHER INSTITUT	TION		CCUPATIO FOR MOST OF V	N WORKING LIFE)	12 MK IND, O INDUSTRY 1 MEK	F BUSINESS OR
AND 21;		AL RESIDENCE LIF NURSING	3b. BUNITY	HER INSTITUTION	GIVE DESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY L	LIMITS	30. STREET A		Ilis Ro	212	-34
MARYL, red within ampletely and 2 sh	14. F/	HER'S NAME FIRST OFORGE	ADA.	DLE PAS	ŁAST		15. MOTHER'S MA	ALIH	C. R.	MISOLE .	o.N	LAS	т
ALTIMORE, te be execution and colors. Fefs. Pages 1. Il. the medical		VAS DECEASED EVER IN YES, HOOR UNKNOWN)	U.S. ARME	AR OR DATES)	166. SOCIAL SECU 214-24-5		17 INFORMANT	Kily	RECO	RPS	5		
RDS, 201 W. PRESTON ST., B. equires that the death certifica in signed by the attending phys. Then please remove carbanapa to burial, cremation, or remove injury, or other traumatic event,	NO	Conditions, if ony, gave rise to imme cause (a), stating underlying cause	diate the last.	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO	THE TERMIN	IAL DISEASE		TION GIVEN	IN PART 110	Ceys
DIVISION OF VITAL RECORD NG PHYSICIAN: The low requ for this certificate has been s as the burial-transit permit. The th and Mental Hygiene prior to arked or fem. 18 shows any inji	ICAL CERTIFICATION	198. DATE OF OPERATION 3 - 29 - 8 218. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	S 3 RLYING USE OF DEATH LEXAMINER)	21b. TIME OF HOUR A.A	FINJURY A. MONTH DA	osy I	hrombocy 21c. How injury	ytope		NO	IN CERTIFYII	WERE FINDING CAUSES	NGS USED OF DEATH? NO
VISION The	MEDICAL	21d. INJURY OCCURRE			ET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	0.3		CITY OR TOWN	۷	COUNTY	STATE
HOSPITAL OR ATTENDI sined by the hospital or FUNERAL DIRECTOR: A sold be detached for use th the State Dept. of Heal		22a.1 certify that (1) (4) saw the deceased abave, (1) (w) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAN	Carl	iew the body of	- 30-10	Ki	DEGREE ATTER PHYS 220. ADDRESS 7401	NDING	MEDICAL DIRECTOR	STAFF PHYSICIA	AN []	22c. DATE	
BP 253	23a. 8	PECIFY)	EMOVAL	236. DATE	C/2 23m		METERY OR CREM	ANTORY Em	23d. LOCAT	ION PRIOWN	1//2	Biko	Mis
DHMH - 16 50M 4/82 (VRA 15, 4)	145	UANU TUN	ERA	Chap	El 8888/1	ARTOK	v Kv	250. DATE	REC'D. BY RE	GISTRAR 25 1983	b. RESISTRA	R'S SIGNAT	aniel



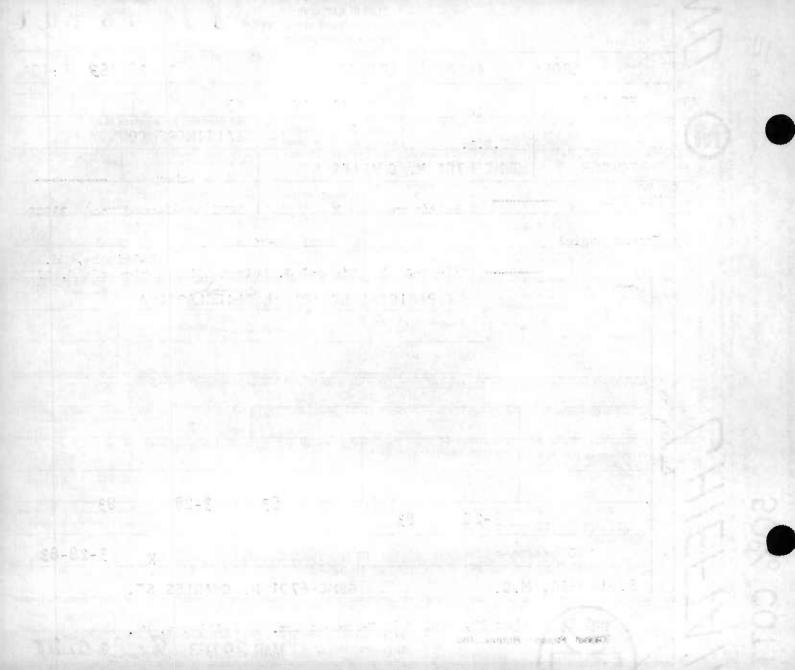
. /	1-	FOR STATE REGISTRAR	DEPARTA	AENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	0 6 2	0 0
a (1)		CEASED NAME FIRST Genevieve	C.	LEHN	IER	March 29,1983	DAY YEAR	1:35pm
ge 4 may ector, per rs after d	3. SE	EAMLE	4. RACE CAUCASIAN	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 711 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
O de Po	S (RTHPLACE (STATE OR FOREIGN CAROLIN.	76. CITIZEN OF WHAT COUNTRY? USA	0	D A NEVER MARRIED	Baltimore Coun	NTY OF DEATH	MD.
2 offer d		OSSVILLE	THANKLINTY SQUA	GHOME C	OSPITAL	120. USUAL OCCUPATION (TYPE HOUSEWIFE HOUSEWIFE		F BUSINESS OR
ND 212 24 hour filled in ould be		ARYLAND 136 BA	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE L'TIMORE 13 ROYSEDX		13d INSIDE CITY LIMITS?	13. STREET ADDRESS	O AVE.	21237
marked within ted within ompletely 1 and 2 sh		THER'S NAME FIRST ARTHUR	MIDDLE LAST FARRIS		15. MOTHER'S MAIDEN NAME FIRST	ME	WRIG	t
Do ond cost on ond cost on ond cost on ond cost on ond cost of cost of cost on ond cost on one one		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, G	RAMED FORCES? 166 SOCIAL SECU (IVE WAR OR DATES) 2160958		17. INFORMANT RAYMOND LE	ADDRESS HNER 8012 DU		MATE INTERVAL DNSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rathereding physicion. We this certificate has been signed by the ottending physicion and completely filled in the strength of the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled in the and Mental Hygiene prior to buriol, cremotion, or removal. Orked or figure 18 shows ony injury, or other traumatic event, the medical committee must be in the content of the property of t	ION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) Cerebra (DUE TO, OR AS A CONSEQUE (c) (c) (CONDITIONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (
VITAL RECO	CERTIFICATION	March 16,198			Foot	YES NOW IN CER	YES, WERE FINDIN RTIFYING CAUSES YES []	
INTISION OF VITA GENERAL THE CERTIFICATE Street buriel-transi h and Mental Hygi rized or frem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	BEATH HOUR A.M. MONTH DA	19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	COUNTY	STATE
TO HOSPITAL OR ATTENDING Pretorned by the hospital or atter to Fund be detached for use as the with the State Dept. of Health and IMPORTANT: If Hem 21 is marked		obove, M (we) (did) (dia) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE Rita Meeks	on March 29, 19 of) view the body ofter death. A Method N OR PRINT! S, M.D.	m	DEGREE ATTENDING PHYSICIAN [224 ADDRESS 9000 Fran	medical Staff Director Physician March Staff Director Physician March March Physician March Staff Rain Square Dri	22c. DATE 3/2 Balti	signed 9/83 more
BP DHMH - 16 50M 4/B2 (VRA 15, 4)	В	BURIAL, CREMATION, REMOVA SPECEY) URTAL UNERAL DIRECTOR		RDEN	US OF FATTH 250, DAT	E REC.D. BY REGISTRAR 256. REG	COUNTY BATTO	STATE

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itilmoke, makilano kisol	e be executed within 24 hours after death. Page 4 may be	cion ond campletely filled in by the turner, director, page 3 ers. Pages (and 2 should be ned with 75) offer death
DIVISION OF WITH THEORY, ACT W. TRESTON ST., BALLIMORE, MARKITANO ALLO	TO HOSPITAL OR ATTEMBING PHYSICIAM. The fow requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the furnity director, page 3 should be described for use on the buringformant permit from please concomposers. Pages (paid 2 should be list or 1777) as often death that is a standard training and remaining or amongs of the page of the pag

(VRA 15, 4)

		FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO		2 0
20000		CEASED NAME FIRST	NA ANNA	LEIGHT	20. DATE OF DEATH	28 183	26. HOUR 4:1(
	3. SE	FEMALE	4 RACE White	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YE MONTHS DA	
M	15	RTHPLACE ISTATE OR FOREIGN COUNTRY)		ITRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH	2,966
36		TOWSON	GBMC - 67 O TIVE	WESTING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	D OF BUSINE: RY
ould be	13a M	AL RESIDENCE (IF NURSING HOA STATE aryland 13b. Co	NE OR OTHER INSTITUTION IS TO RESIDENCE DUNTY 1. CITY OR RAIL	efore admission) TOWN 13d. INSIDE CITY LIMITS? YES \ NO \	13e. STREET ADDRESS	lewood Road	3 212
and 2 sh		ATHER'S NAME FIRST homas Daniel	MIDDLE LAS	15. MOTHER'S MAIDEN N	MIDDLE		LAST
Poges	160-1	WAS DECEASED EVER IN U.S.	GOVE WAR OR DATES	SECURITY NO. 17. INFORMANT	Leight 2035	Baltimore	,
anti Tran please remove principle and principle and any injury, or other traver	CERTIFICATION	Canditians, if any, which gave rise to immediate cause la1, stating the underlying cause last PART 2. OTHER SIGNIFICA: 19a DATE OF OPERATION	DUE TO, OR AS A CONS	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TEL (HICH OPERATION WAS PERFORMED	RMINAL DISEASE OR COND	OITION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED
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th and M	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	2 1	CITY OR TOV	VN COUNTY	\$1
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derocher tone Dept		226. SIGNATURE	udhe		MEDICAL STAF	F 9	28-83
PORTAN		S.GIRDHAR		22e ADDRESS GBMC - 6701	N. CHARLES	S ST.	
3131		BURIAL, CREMATION, REMO (SPECIFY) Burial		231. NAME OF CEMETERY OR CREMATOR' B. HOLV. Redeemer Cem.	Raltimore	VIAUOO	ST
50M 4/B2 1S, 4)	24. F	UNERAL DIRECTION FUN	eral Homes Inc.	7110 Belair Road 25e.D	AR 29 1983	STRAR'S SIGN	Cahrel



4	FOR 1 - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. 0 6 2 0 2
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
nay be page 3 r death	(TYPE OR PRINT) MARG	UERITE Price	e LEISMAN	3 2 83 3 30
po , bo	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	Female	White	"Nov. 10,1890	92 YRS.
Por dir hou	7a. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED ANEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
to 120 \$35	Queen Anne Co.	USA	WIDOWED DIVORCED	Baltimore County MD.
	10. CITY OR TOWN OF DEATH Catonsville	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: 2 Tanglewood	JRSING HOME OR OTHER INSTITUTION STREET ADDRESS) Road	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Teacher 126. KIND OF BUSINESS OR INDUSTRY
AND 212	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Md. Balt	NTY 13c. CITY OR	TOWN 134 INSIDE CITY LIMITS? VILLE YES NO	130 STREET ADDRESS 21228 2 Tanglewood Rd. Catonsville Mo
MARYL MA MARYL MA MARYL MARYL MARYL MARYL MARYL MARYL MARYL MARYL MARYL	14 FATHER'S NAME FIRST Philemon	Thomas LAS	Price Augusta	Legg LAST
TIMORE, he essent on and co - Popes e medical	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) { IF YES, GI	VE WAR OR DATES	security No. 17 INFORMANT 48-0225-J Katharine	Marlow Catonsville, Md. 21228 Approximate interval Between onset and Death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN. The low requires that the death certificate the complete of this certificate has been signed by the ottending physician. When this certificate has been signed by the ottending physician and complete like on the build-transit permit. Then please remove contampers Proper and 2 that had mental Hygiene prior to burial, cremation, at electron or selected and 2 that and mental B shows any injury, arrother traumatic or the death of the please of the pleas		DUE TO, OR AS A CONS	E DEMENTER OF THE	E ALZHERMER'S TYPE ~ 10 YEARS
NI RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
DN OF VITA IYSICIAN. The ding physicials as certificate buriol-transit Mental Hygician tem 18 sho		ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
DIVISION DING PHYS or otherdin After this c e as the bun of th and Mu	GIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDIN spitol or CTOR: Al for use of theolth	22a I certify that (1) this hasp sow the deceased alive or above, (1) (we) (did) (did no	at view the body after death.	19 5.2., and that in (my) (our) apinian	death accurred an the date and haur and from the causes stated
HOSPITAL OR ned by the hord by the hord by the hord lid be detached the State Dept ORTANT: If her	22b. SIGNATURE Oavia 22d. PHYSICIAN'S NAME (1YPE	E Bereber	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 3/2/83
TO HOSE TO FUNI should be with the	Dr. Damian Bi		5411 Old F1	rederick Road
	230 BURIAL, CREMATION, REMOVAI ISPECIFY) Burial	3-4-83	Stevensville Cemeter	CITY OR TOWN COUNTY STATE
BP				TE REC'D. BY REGISTRAR 256. REGISTRAR'S DIGNATURE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR Helfenbe	in- Rt. #1 Box Home, Inc. #1	Witkens Syenes M	R 1 0 1983 John Comment

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Witzke Catonsville Funeral Home, P.A. 21228

REGISTRAR

DHMH - 16 50M 1/81 (VRA 15.4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

24 FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, Md 250. DATE REC'D BY REGISTRAR 250. REGIS

YEAR

IF UNDER I YEAR

7h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c. DATE SIGNED

A CONTRACTOR OF THE PARTY OF TH Service County Control United to Late I Late to Doller a cutof the late to forth aphience first, meaning themen, South controlling threat AND REAL PROPERTY OF STREET PARTY. Street mentals categories till Commune Carming LL 1 312 13 - a. 9 . uno lamanno officamental - dett. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

ar attending physician.

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DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached far use as the burial-transit permit. Then please remove corbanopers. Pages 1 and 2 should be liked with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

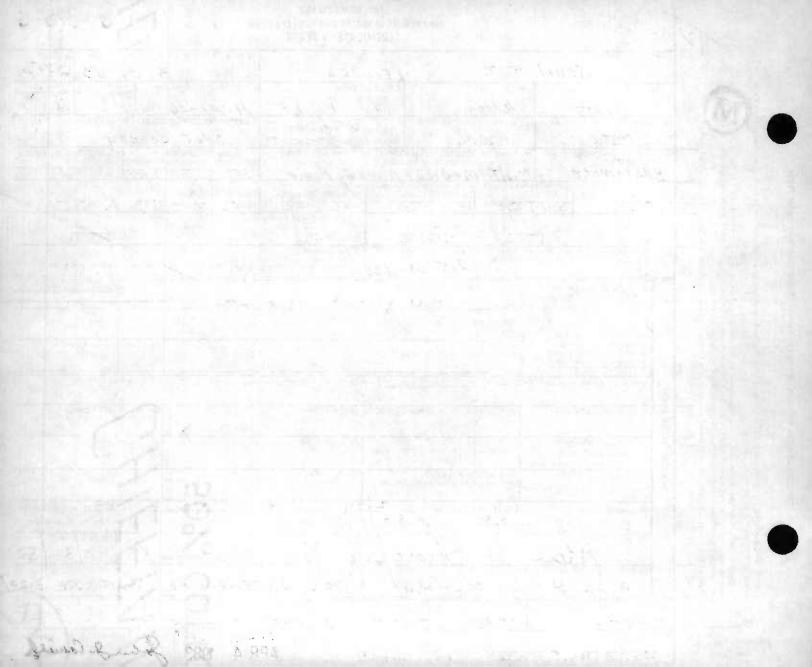
	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYL EALTH AND CATE OF	MENTAL HYG		3 eg. No.	0 6	2 0) 4
1		CEASED NAME VI	roini.	a Lee ^	Reid	L	ëntz	170	20. DATE OF DE		DAY YEAR	2b. HO	UR
	(TYPE		2611		10014	LEN	17			3 1	1183	5.4	154 M
	3. SEX		-0//	4. RACE		5. DATE O		E	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR		R 24 HRS
1		/= Fema	le	White		Nov.	16	1925	57	YRS.		HOURS	MIN.
	7a. Bil	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	X	MARRIED -	9. BALTIMORE	CITY OR COUNT	TY OF DEATH		
55		Md.	100	USA		WIDOWE		IVORCED	Balto	o. Coun	ty		MD.
51	11	TY OR TOWN OF DEA		(IF NOT IN SUC	OSPITAL, NURSI H FACILITY, GIVE STREE Co. Get	T ADDRESS)		TITUTION	120. USUAL OCC (TYPE OF WORK FOR Sales	MOST OF WORKING	LIFE) 126. KIND (INDUSTRY Pub	OF BUSIN	vess or Rela-
	USUA	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)		CITY LIAMITE ?	13e. STREET ADD	DECC		tic	ons
25	130. 5	Md.	Balt		Timoni		13d. INSIDE	NO X		dyway,	21093		
	14. FA	THER'S NAME					15. MOTHER	S MAIDEN NA	ME			-18	
50	T	rank		nest	Reid		Sar	a.h		abeth		ipton	1
	160 V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166. SOCIAL SEC		17. INFORM			ADDRESS			
/	(1	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-16	-2507	Edwin	n J. Le	entz, 316	Jodyw	ay, 210	193	
		IL CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b), a	nd (c .			111111111111111111111111111111111111111		APPRO BETWEEN	XIMATE INTE	ERVAL D DEATH
		18. CAUSE OF DEATH. LEnter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ASY TO LE											
2		3481	IMMEDIA		R AS A CONSEOU	IENICE OF		11=222					
		Conditions, if any,	which	(b)	ANOXI		NCF	DHAL	DPATE	44			
		gove rise to imm	nediote	DUETO	R AS A CONSEQU	IENICE OF							
		underlying cause last. (c) ACUTE RESPIRATORY FAILILRE								5			
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0	CERTIFICATION	190. DATE OF OPERA	TION	196. COND	ITION FOR WHIC	H OPERATIO	WAS PERF	ORMED	200 AUTOPS		ES, WERE FIND		
1	TIE	10 Maria 10		1940					YES N		YES 🗌	NO	
0	CER	210. ACCIDENT WAS UND	_	1	FINJURY M. MONTH (DAY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	8 PART 1 OR PART 2)		
7	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		111111111111111111111111111111111111111		19							
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	FARM, ETC 1	21f. LOCAT	ION	CI	TY OR TOWN	COUNTY		STATE
	2	AT WORK AT WO	RK										4-4-57
		22a. I certify that (I)			e deceased from			. 19	, to			, that (1)	
4		sow the decease	ed alive on	t view the body	after death.	, or	id that in (my	r) (our) opinion	death accurred a	n the date and h			
	1	Hafee	2 ,	O la	echu)	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	- 22c. DAT	E SIGNED	183
		220. PHYSICIAN'S	AME (TYPE	OR PRINT)			22e ADDRE	SS	_			10.3	
		MAFEE	2 1	9 84E	Dmir)		BALI	MORE	t co4,	NIY G	EN	HOS,	P.
2		BURIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY	23d. LOCATIO		_ COUNTY		STATE
		Burial		3/14	/83 D	ulaney	Valle	ey Cem	e Time	onium	Balto.	1	vid.
B2	24. FI	UNERAL DIRECTOR			ADDRESS			250. DA1		ISTRAR 256 BEG	ISTRAR'S SIGNA	ATURE	
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WALTER BROOKS BRADLEY, INC. BALTO., MD

(VRA 15, 4)

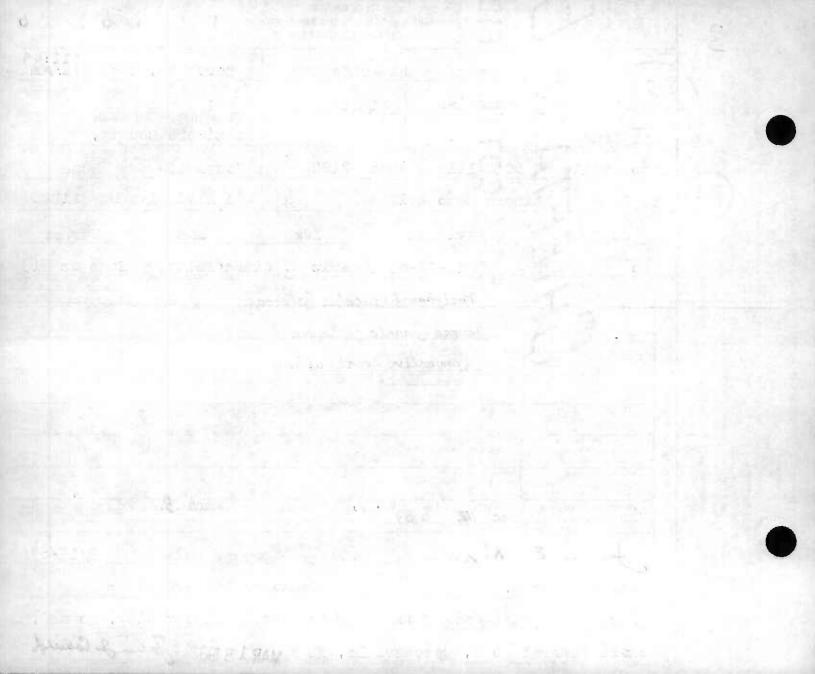
STATE OF MARYLAND



MacNabb Funeral Home, Catonsville, MD

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MAR 23 1983 REGISTRAR'S SIGNATURE

06207

ı	REGISTRAR	CEKII	FICATE OF DEATH	REG. NO).				
	1. DECEASED NAME FIRST TYPE OR PRINT) AGNE	S V. LI	VTHICUM	20. DATE OF DEATH	3-22-83 1-PM				
	3. SEX Female	4. RACE White 5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
-	Maryland	U.S.A. WIDOW		9. BAHIMORE CITY OF	COUNTY OF DEATH COUNTY MD.				
	BATIMORE	NAME OF HOSPITAD NURSING HOME LIFENOTINS SUCH FACILITY GIVE STREN ADDRESS N	rursing H.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE) INDUSTRY				
)	Maryland 13b. COUNT Bal	OTHER INSTITUTION GIVE # SIDENCE BEFORE ONISSION TY 13 / LITY OR TOWN Ltimore #arkville	13d. INSIDE CITY LIMITS? YES NO A	13e. STREET ADDRESS	Perring Pkwy. & Oakleigh Road 2/23				
A	14 FATHER'S NAME Charles	Kahler Kahler	15. MOTHER'S MAIDEN NAM Harriet	MIDDLE	Not Known				
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECURITY NO. 215-10-0343	Thomas J. B	ADDRES	artsdale Rd. 21239 APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH				
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BU	e artir	DESCUE DESCUe DESCUe DESCUe DESCue DESCue DESCue DESCue DESCue DESCue DESCue DESCue DESCue DESCue DESCue DESCue Descue De	2-5				
	210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			ED (ENTER NATURE OF INJUR					
	220. I certify that (I) (this hospita	226.1 certify that (1) (this hospital) attended the deceased from							
	221 PHYSICIAN'S NAME (TYPE OR	(C. VATRICA	22e. ADDRESS	10 25					
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY Hill Cemetery	23d LOCATION CITY OF TOWN Glen B	urnie COUNTY Maryland				

DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

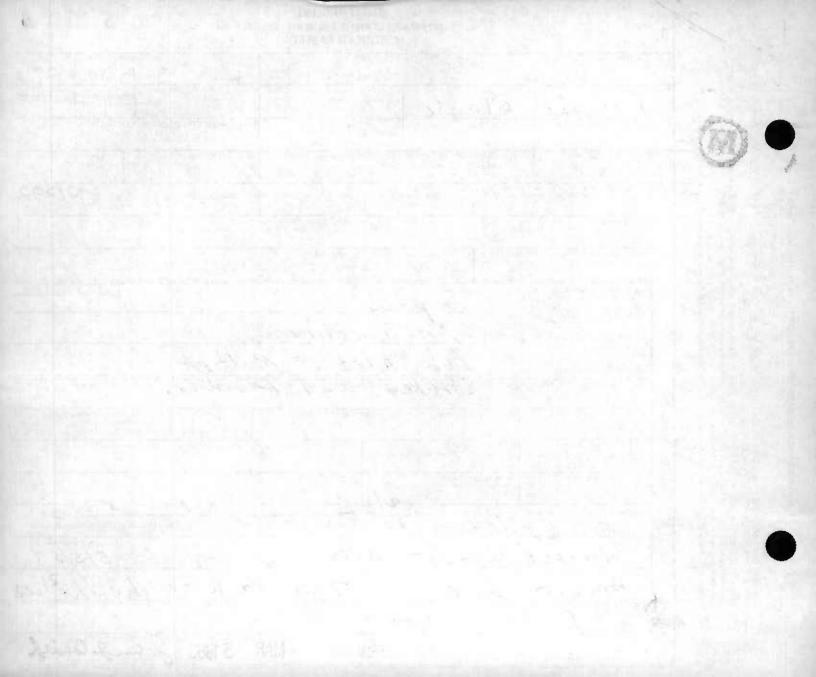
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 m retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed in the state Dept. at Meanth and Mental Hygiere print abundal, creation, ar removal.
•	TO HOSPITAL OR AT	should be detached to with the State Dept.

N	1	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0	6 2	0 8
ay be loage 3 death		(TYPE	CEASED NAME EIRST OR PRINT) Emma		La		REG. N	3- 1-	YEAR 83	26 HOUR 245 M
ge 4 mg		3. SE	Female!	Black	5. DATE C	25° 00	6. AGE (IN YEARS LAST BIR	YRS.	UNDER LYEAR	HOURS MIN.
Gooth. Po	33	(VA	CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltin	R COUNTY O	F DEATH	MD.
rs after o by file	10	C	atonsville	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IE NOTIN SUCH FACULTY, CHESTREET ADDRESS NURSING HOME (TYPE OF WORK FOR MOST C					12b. KIND OI INDUSTRY	F BUSINESS OR
n 24 hau filled in hauld be	35	T3a S	MD NA COUNT	DITY Ballinore 13d Inside city Limits? WEST NO MIDDLE Johnson More and the presidence defore admission) 13d Inside city Limits? YES NO 15. MOTHER'S MAIDEN NAV MORE 1ah			13e. S 18 5060 REGU	ilfor	d Ave	2/202
ampletely and 2 signal	0	14 FA	Robert MI				WE		LAST	
be execution and construction of the secution	2	16a V	VAS DECEASED EVER IN U.S. ARM			Robert Loc	kley 1806		ford	Ave.
requires that the death certifica in signed by the attending phys. Then please remove carbon paper it to burial, cremation, ar remove injury, or ather froumatic event,		NOI	PART 2 OTHER SIGNIFICANT CO	CAUSE (0) DUE TO, OR AS DISEQUE	NCE OF WARELEN	nouse a M	1 u 1 to ple	OJ ION GIVEN		MATE INTERVAL INSET AND DEATH
The law rectan. te has been sit permit. giene prior	9	CERTIFICATION	19a date of operation	196 CONDITION FOR WHICH	OPERATIO		20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
SICIAN: ng physical certifical unial-tran tental Hy tem 18:	9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
after this sos the bund whand worked or		MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, EACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
ATTENDIP aspital or ECTOR: Ai ed far use of or, of Healt			22a. I certify that (I) (this haspital saw the seceosed allow an abave ((I) we) (did) (did not) 22b. SIGNATURE			d that in (ay) (aur) apinian c	, tadeath accurred an the do	te and hour ai	nd Iram the c	
OSPITAL OR A bed by the had UNERAL DIRECTOR of the State Depth of State Depth o			Harold 226. PHYSICIAN'S NAME (TYPE OR P	8 188816	n	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI	IAN 🗆	3/3	183
TO HOSPITAL etained by the TO FUNERAL should be deto with the State I IMPORTANT: I			HAROLD	BOB		7220 1	Park b	eigh	01/4	re Zeis
BP		(Burial	_ 4_ 4:		emetery or crematory .ew Mem. Pk.	23d LOCATION CITY OR TOWN Baltin	nore	OUNTY	MD
DHMH - 16 50M 1/81 (VRA 15, 4)			meral director m. C. March F	/H 1101 ERESS 1	North	Ave. MA	REC'D. BY REGISTRAR 3 1983	25h RIGISTRAI	R'S SIGNA	ine wife

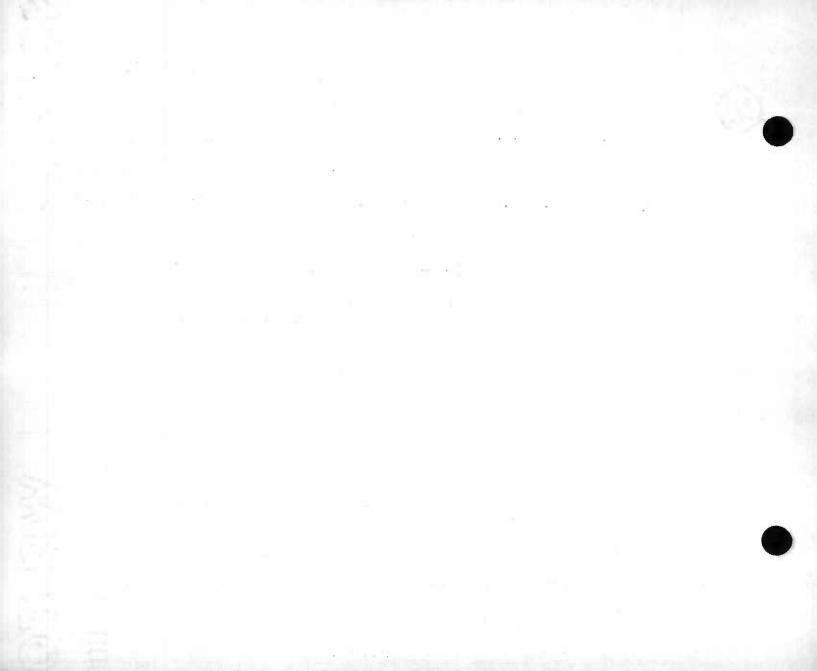


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE



1 - STATE REGISTRAR	DEI A	CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST (TYPE OR PRINT) Gloria	MIDDLE R .	Long	March 20, 1983	7 OO M
3.SEX Female	4. RACE White	5. DATE OF BIRTH FED 17, 1922 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 61 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTI	RY? 8. MARRIED MEVER MARRIED WIDOWED DIVORCED	Balto. County	OF DEATH MD.
10. CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION REEL ADDRESS) HOSPital	120 USUAL OCCUPATION IT PEOF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE HE NURSING HOME 130 STATE Md.			13. STREET ADDRESS Ker Av	enue 21212
John	Goodwin LAST	15. MOTHER'S MAIDEN Rose FIRST	MAME Coogan	LAST
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SI SIVE WAR OR DATES) 217-18-		F. Long Jr. Sam	e
Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	authorizana + I	ut acut MI acure. Fed, face	
PART 2 OTHER SIGNIPANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	SAMINAL DISEASE OR CONDITION GIV	EN IN PART TO

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T

COUNTY

21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

MD

19

211. LOCATION

STATE

22a.1 certify that (1) (this haspital) sow the decaysed alive on obove, (1) (we) (did not) view the body ofter death

Donald W. Mintzer

DEGREE

ATTENDING

MEDICAL STAFF PHYSICIAN - DIRECTOR - PHYSICIAN

CITY OR TOWN

and that in (my) (or) opinion death occurred on the date and hour and from the causes stated

22% PHYSICIAN'S NAME LITTE OF PRINT!

NOT WHILE

21d. INJURY OCCURRED

22e ADDRESS

3009 Evergreen Ave. Baltimore, Md.

230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Buria1 Mar. 23.1983 23c NAME OF CEMETERY OR CREMATORY Parkwood

23d LOCATION Baltimore, Md. COUNTY

STATE

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland MAR 2 2 1983

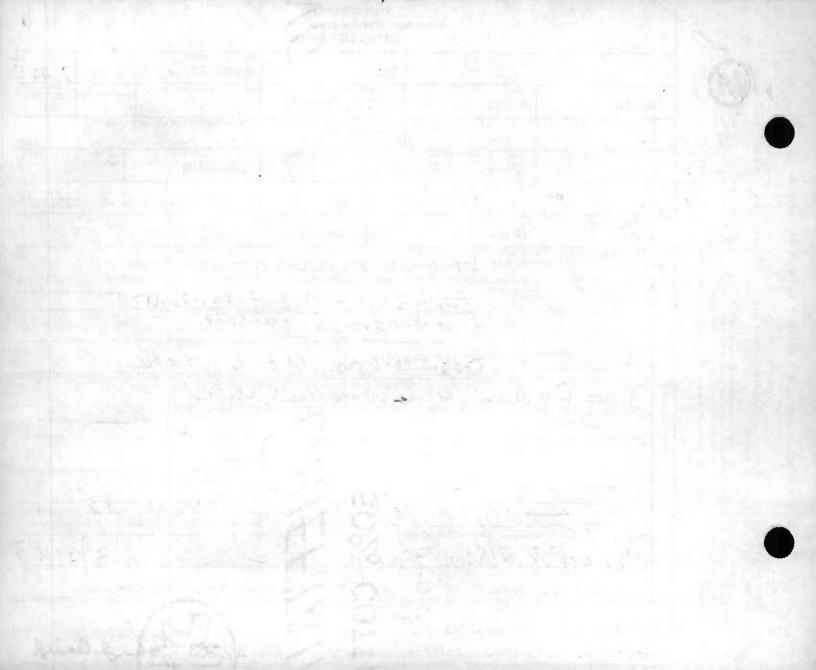
DHMH - 16 50M 4/B2

(VRA 15, 4)

BP.

CERTIFICATIO

MEDICAL



20M 4/82

LAND

ATS (Similar ET # part) AULE 283 Secretary

FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG		U	0 4	, 0
1. DECEASED NAME FIRST	WIDDLE		AST	REG. NO		DAY YEAR	2h HOUR
(TYPE OR PRINT)		NNIS	LOVE	March 22			6:15 PM
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	White	Feb.	11, 1917	65	YRS.	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
New York	USA	WIDOWE	D DIVORCED	Baltimo			MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)		12a USUAL OCCUPATI	F WORKING LIF	E) INDUSTRY	F BUSINESS OR
Butler	"The Addition	,	estern Run R	d. Homer	naker	Own	Home
USUAL RESIDENCE (IF NURSING HOME O 136. STATE Maryland Bal		RTOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Western	Run F	Rd. 2	1023
14. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			V-10-1
James St	nepard De	ennis	Margaret	MIDDLE		Colgate	
160. WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRE	ŠS		
(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 217 4	8 6102	Harry A.	Love,		Same	
1749	ED BY: TE CAUSE (a) DUE TO, OR AS A CON	aneer	of breas	+		BETWEEN C	MATE INTERVAL ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, OR AS A CON		NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GIV	/EN IN PART 1	0)
	20110110						
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	YES NO X			NO 🗆
OR CONTRIBUTION CALLES OF OF		H DAY YEAR					
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	CITY OR TO	own	COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM ETC.)	Jinger				
22a.1 certify that (1) (this hasp saw, the deceased alive a		100	nd that in (my) Jour apinion	, to death occurred on the d	ote and hou		that (I) (we) tast causes stated
120 feet	E. Ma			MEDICAL STA		Ma Ma	SIGNED 83
224. PHYSICIAN'S NAME (TYPE		4 5	22e. ADDRESS	Ch D	75	4.45	
Dr. Robert E	E. Mason, N			se St., Ba	ito.,	MD	
23a. BURIAL, CREMATION, REMOVA Cremation	3/23/83		Mount	Batto.,		COUNTY	STATE

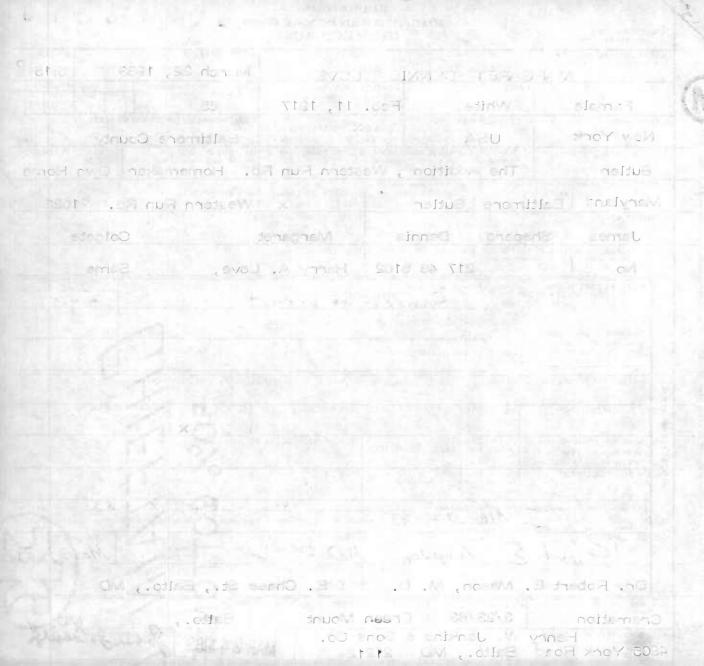
BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

MPORTANT: If Item 21

24. FUNERAL DIRECTOR Henry 4905 York Road W. Jenkins & Sons Co. Balto., MD 21212

250. DATE RECID. BY REGISTRAR 25 MAR 2 4 1983



8728 Liberty Road, Randallstown, Maryland

(VRA 15, 4)

STATE OF MARYLAND

12 Contract post of the contract WILLIAM DE ALES MAN L. C. L. KINGS TO ME Called and and and and asimply parties of the . V.O COURT GREENSON TO BEGINET WAS A RESTRICT.

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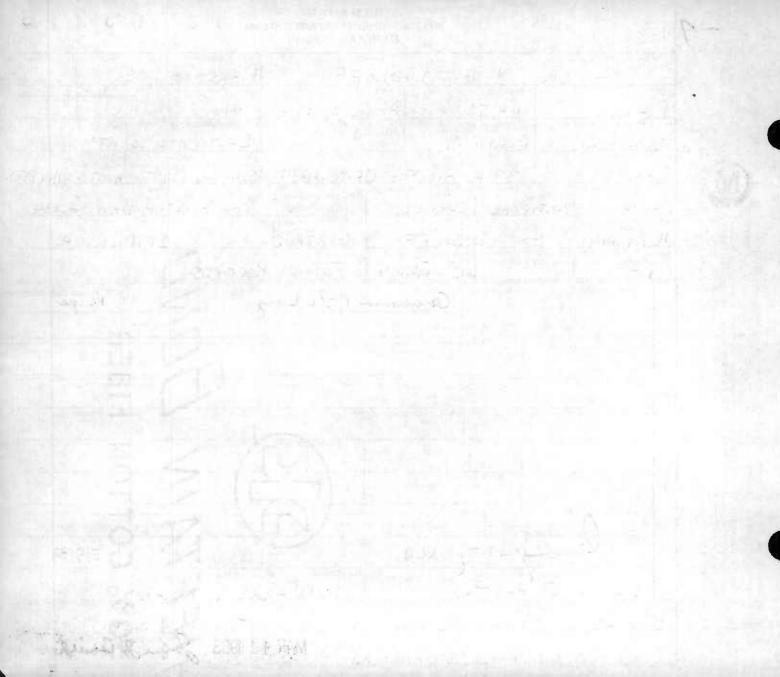
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2b. HOUR (TYPE OR PRINT) 3 SEX 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR JE UNDER 24 HRS HOURS WHITE APR TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED WIDOWEDE DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HUNT VAILEY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 1136 COUNTY 13d. INSIDE CITY LIMITS2 13e. STREET ADDRESS BALTIMOR NO M HILLTOP 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE RU 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Poges (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a., (b., and ic. PART I. DEATH WAS CAUSED BY 11/2 4/2 IMMEDIATE CAUSE to ŏ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the other DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 0 prior bee 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ō IN CERTIFYING CAUSES OF DEATH? os the buriol-tronsit per thond Mentol Hygiene NOF shov YES [NO F certificote 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINERS PAA 19 21d. INJURY OCCURRED 211. LOCATION ō 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET morked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. ____, that (1) (we) lost

22c. DATE SIGNED

DIRECTOR sow the decessed alive on 21 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 40 obove, (1) /www 27b SIGNATI 4 M.D ATTENDING MEDICAL STAFF be deto FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME CTYPE OR 22e ADDRESS should be with the S IMPORTA 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY) URI

DHMH - 16 50M 1/81 (VRA 15. 4)

24 FUNERAL DIRECTOR



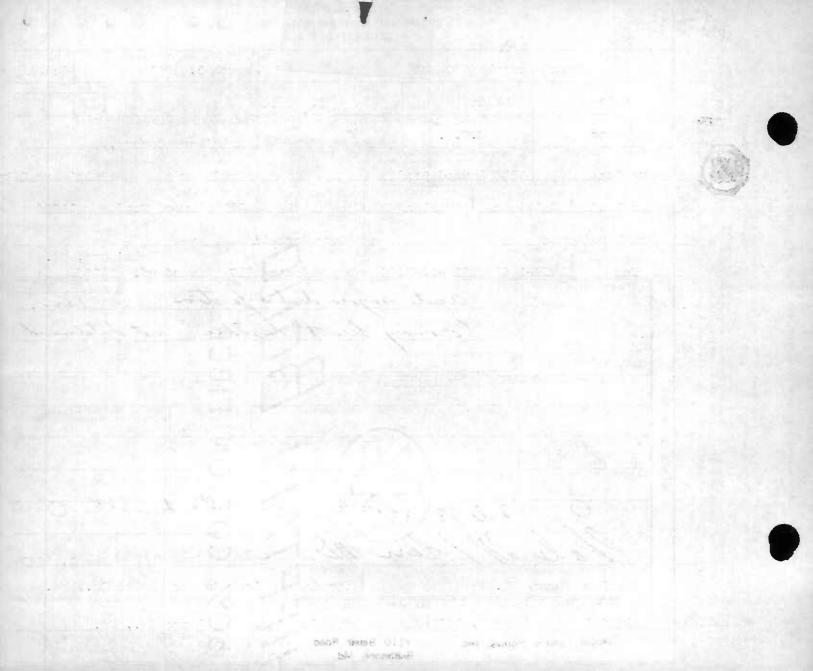
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	and the state of		
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		Tur. 13,1382 Ur	20.0

9 Carried

WALTER BROOKS BRADLEY, INC. BALTO. MD

(VRA 15, 4)

STATE OF MARYLAND



injury, or other troumotic

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	TEGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.					
7		CEASED NAME	John	٨	C.	MA	NK	20. DATE OF DE		1983 YEAR	1:55A			
5	1, 5E)	Male		4. RACE White		5. DATE O	14,041905	6. AGE (IN YEARS	LAST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.			
高い		rthplace (STATI	E OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	ED DIVORCED		more Coun	TY OF DEATH	MD			
N.	LIF .	SSVILLE			OSPITAL, NURSIN H FACILITY, GIVE STREET LN Sq. HO		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INSPECTOR 125. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALLIMOTE						
5	USUA 13a. S	AL RESIDENCE (# STATE Maryla	136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW ESSEX		13d. INSIDE CITY LIMITS? YES NO XX	130. STREET ADD 210	6 Silve	r Lane	21221			
0	14. FA	ATHER'S NAME FIRST	Henr	y Mank	LAST		15. MOTHER'S MAIDEN NA		IDDLE	LAS	ST			
	16a V	WAS DECEASED E	VER IN U.S. AT	RMED FORCES?	214 01		17. INFORMANT Louise Mank,		ADDRESS Same					
		Conditions, if gove rise to couse (a), s underlying co	ony, which immediate				negative seps							
	NO	PART 2. OTHER	SIGNIFICANT				NOT RELATED TO THE TERM			IVEN IN PART 1	0.			
2	CERTIFICATION	19a DATE OF OP	ERATION	.196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	Y IN CERT	ES, WERE FINDI TIFYING CAUSES YES [
1	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	B PART 1 OR PART 2)				
	ME	WHILE NO	T WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	Marc	STREET	Mar	ch 6,	COUNTY	STATE			
		sow the dec	eased, olive or	ito() attended the March (6	deceased from 19 ofter death.		nd that in (h) (our) opinion	death accurred a	n the date and h	our and from the				
1	1	Dr. St		irry Snyo	der		220. ADDRESS 9000 Frank	director D						
	23a B	BURIAL, CREMATH	ON, REMOVA	236. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO	N	10:10				

DHMH - 16 50M 4/824 (VRA 15, 4)

BP.

Burial 3/9/83 24 FUNERAL DIRECTOR Bruzezinski

St. Joseph's Ch. Cemetery

Fullerton

Balto. Co., Md.

1407 Old Eastern Ave.

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Many of the control				
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			A30	carings
Justine T Pitter Co.		other .	+	SE ALLIVERS DAY
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injury, ar ather troumotic event, the

IMPORTANT: If Item 21 is marked or Item

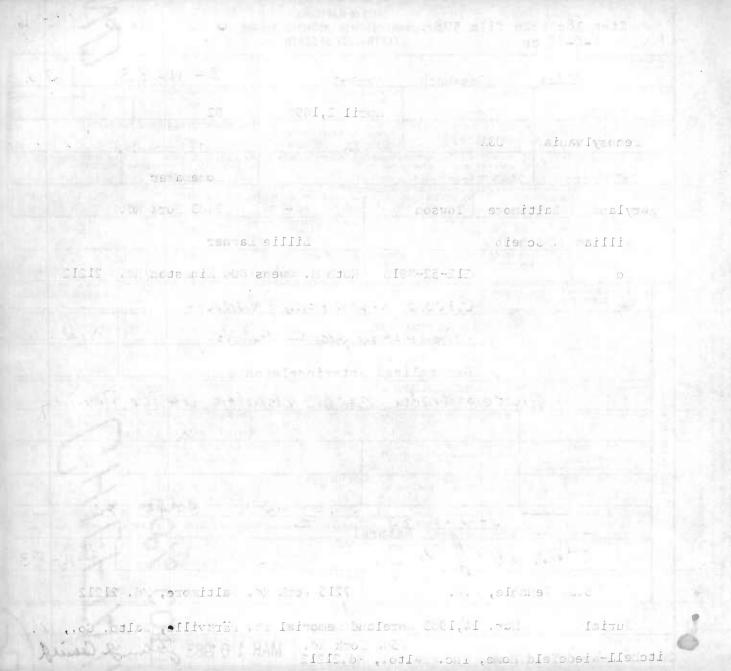
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	REG. NO.	0 6 2	2 2 0
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH MONTH	H DAY YEAR	2b HOUR
	1000	Craia		Mann	ina		March 30, 18	983	10:00Pm
	3. SE		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	Whit	e	June		91	YRS DAYS	HOURS MIN.
7		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
1		otland	U.S.A		WIDOWE	DIVORCED	Baltimore	County	MD.
)		andallstown	(IF NOT IN SU	HOSPITAL, NURSIN CHEACHITY. GIVE STREET A	ADDRESS)	DRÖTHER INSTITUTION	king Life) 12b. KIND C INDUSTRY Centr	of Business or	
5	$M\alpha$		OTHER INSTITUTION	130 CITY OR JOWN Rockdal	ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 8402 Maymeado		21/101
0	14 FA	ATHER'S NAME FIRST James	MIDDLE	Mannina		15 MOTHER'S MAIDEN NAM	WIDDIE	Elliot	iT .
		WAS DECEASED EVER IN U.S. AR		16b SOCIAL SECU	RITY NO.		Frances	Craig	
	n		E WAR OR DATES)	713-07-1	691		ow Court Balti	•	21207
		18 CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE	nly one couse pe			10102 Hagmeda	000 00000 20000	AFFECTIVE STATE OF THE STATE OF	MATE INTERVAL COGST AND DEATH
			TE CAUSE (a)	ac	mile	CVA		da	wedist.
		9292	DUE TO, C	R AS A CONSEQUE		15			
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUE	NCE OF	7			
	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS C	D (darks	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	V GIVEN IN PART 1	5'
/	CERTIFICATION	19a. DATE OF OPERATION	. 196 COND	TTION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDING CAUSES YES T	
1		276. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a. I certify that (1) (this hospi saw the deceased alive on abave, (1) (we) (did) (did no			\$ 3. or	nd that in (my) (our) apinion of	death accurred on the date on		that (I) (we) lost couses stated
		22b. SIGNATURE	KU	ni ani	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
		224. PHYSICIAN'S NAME (TYPE O	R PRINT)		ì	22e ADDRESS	,	10,0	la
		Dr. Morto				5310 Old Co	urt Road 2113	33	
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	4-4-83	Sov	ith Ly	emetery or crematory yons Cemetery	23d LOCATION CITY OR TOWN Lyons Way:	ne County	New York
	24 FU 87	uneral directo koring 28 Liberty Road	Byers F Randa	uneral Di Ilstown,	recto MD. 2	ers, Inc. APR	FRECID. BY REGISTRAR (5) RI	GISTRAR'S SIC AT	welk.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP



31	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 0 6	222
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
od boge 3	ALBER	T JOSHUA MARSH		MARCH 1,1983	8:10 A
of the	Male	4.RACE White	June 24°,1900°	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDITIONS MONTHS	ER LYEAR IF UNDER 24 HRS DAYS HOURS MIN.
100 Poge	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	D-7+3 0	
offe who offe	Towson	Towson Convale		(TYPE OF WORK FOR MOST OF WORKING LIFE) INC	KIND OF BUSINESS OR OUSTRY sphalt Pavin
24 hou ould be ould be	SUAL RESIDENCE (IF NURSING HOME OF STATE 134 COUN Maryland	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltimor	ADMISSION) N 134. INSIDE ITY LIMITS? P YES NO	13e. STREET ADDRESS 1408 W. Old Cold	21209 Spring Lane
	FATHER'S NAME Joshua Marsh	MIDDLE LAST	15. MOTHER'S MAIDEN N FIRST Katie	AME MIDDLE Snyder	LAST
Poges 1	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		ADDRESS	
ficate be e physician or papers. Par naval. ent, the me	(YES, NO OR UNKNOWN) (IF YES, GIV	216-05-7	190 Doris J. Ca	sper 144 Dumbarton Re	d. 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death ce in signed by the attending Then please remove carbs to burial, cremation, arr injury, or other traumatic.		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	MINAL DISEASE OR CONDITION GIVEN IN	PART I(o)
V: The low requi	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		E FINDINGS USED CAUSES OF DEATH?
		HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR	PPART 2)
or ottending ph After this certifi e os the buriol-ti olth and Mental marked or them 1	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211. LOCATION STREET	CITYORTOWN CO	DUNTY STATE
	saw/ile deceased alive an above, (I) (we) (did) (did no	tal) attended the deceased fram		n death accurred on the date and hour and f	from the causes stated
O HOSPITAL OR ATTEN elouned by the hospital TO FluNERAL DIRECTOR: should be detached for us with the Stote Dept. of He.	226. SIGNATURE	Goldgere		MEDICAL STAFF DIRECTOR PHYSICIAN	2¢. DATE SIGNED
efoined by the stone of the sto	22d. PHYSICIAN'S NAME (TYPE C		22e ADDRESS	L Ch Dellai	03.03.3
TO HOSE retained TO FUN with the IMPORT	BURIAL, CREMATION, REMOVAL	oldgeier, M.D.	/II W . 40t	h St. Baltimore, Md.	21211
BP	Burial, CREMATION, REMOVAL	March 4,1983	Druid Ridge	Pikesville, Balto	• Co. Md.
DHMH - 16 50M 4/82	FUNERAL DIRECTOR		6500 York Rd. 250. DA	ATE REC'D. BY REGISTRAR OF REGISTRAR'S	CICNIATUDE A

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i esville att. Co. c.	i i i.	1 10, ac ,1900	E ial

I DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR CATHERINE MARCH Martin 14 1983 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR (AucasiAN FEMALE 1929 AUG TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DAKTIMORE HOSPITAL HALLE SIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 11421102 191 COUNTY MA RIDINGER Carroll WCHESTER FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Russell E. Abbott Bernice Abbott ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 218-26-5980 Mr. Robert C. Martin, Manchester, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF ISPEAST CAUCER METASTARC Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. VISCUE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? MARCH 9 15aus ERFORATED NOF 71a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from MIARCH March 13 19 83 sow the deceased alive on DM-Ch It above, (1) (we) (did) (did not) view the body after death, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN -16-87 Paul's Cemetery Burial Upperco 24. FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

Fline Funeral Home, Hampstead, Md. 21074

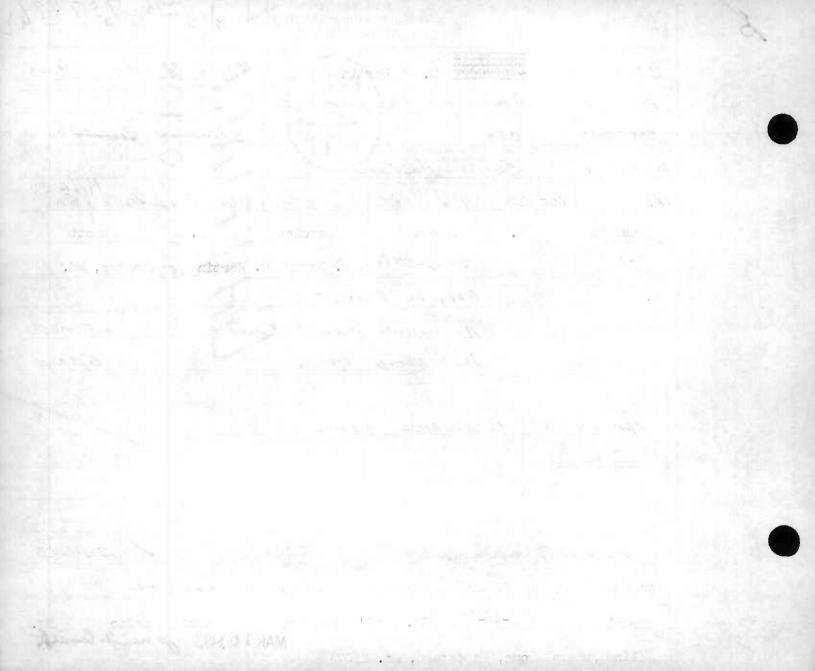
- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Bust NO 5 757 496



PERSON OF THE PERSON B YT WEST CTURE TOWERS I DEAL I DESCRIPTION MEDICAL CENTER | AREA OF MEDICAL CENTER | Ful. Eulto. Cockeystille - 12801 York Pd., 21050 10012 - 10-20 - 10 The the state of t e con la value de la company d Acres . Leven on, D. . Levenie - L., 21193 injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG.	NO.				
		CEASED NAME	FIRST		MIOOLE	L	AST		2a. DAT	E OF DEATH	HINOW	OAY	YEAR	2b. HOUR	{
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	3. SEX	(4	RACE		S. DATE C		0.17	6. AGE	(IN YEARS LAST E	IRTHOAY	# UN	DER TYEAR	IF UNDER 2	_
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2	M	laryland		U.S.A		WIDOWE	D D	IVORCED [TIMOR			`		MD
	10. CI	TOUCON			HOSPITAL, NURS					nemake			ADUSTRY	OF BUSINES	SS OR
6		TOWSON			76'Y'Y, GNE STRE		-ES SI	•		, and and a					
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	160 W	VAS DECEASED EVER	IN U.S. ARM	NED FORCES?	16b. SOCIAL SE		17. INFORM	ANT		ADD	RESS	_			
	(Y	NO OR UNKNOWN)	(IF YES GIVE	WAR OR OATES)	219-30-	6075	Bruce	W. Mas	land	1024	Donn	ingt	on C	ircle	1
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		0389		DUE TO, O	RAPPE	PENSEN C	IN								
		Conditions, if any		(b)	1111 0	LNST	714		-			-			
		cause (a), statis underlying cause	ng the	DUE TO, O	SEPS !	SUENCE OF									
		PART 2 OTHER SIG	NIFICANT CO	(c)			NOT RELATE	D TO THE TERM	AINAL DIS	EASE OR CO	NDITION (GIVEN I	V PART 1	0,	
	<u>v</u>														
7	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERF	DRMED	20a A	AUTOPSY?				NGS USED	
6	TIFI							THE !	YES [NON [YES [NO 🗆	
71		21a. ACCIDENT WAS UN		HOUR A.		DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENT	ER NATURE OF IN	JURY IN ITEM	18 PART I	OR PART 2)		
1	MEDICAL	(IF EITHER, NOTIFY MEDI	CAL EXAMINER)	P.	M.	19		1011					1 -		
	MED	21d. INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCAT			CITY OR	TOWN		COUNTY	ST	ATE
		220.1 certify that (I)		-1\ case=dod sh	a daraged from	2-2	2	10 83	to	3-10		10	83	that (I) (w	(e) lost
		saw the deceas	ed alive an_	3 -	10 19	×2	nd that in (my) (our) apinion	death acc	curred on the	date and l	hour and	,	, ,	
		obove, (I) (we) (did) (did not)	view the bady	ofter death.	01	DEGREE		+			/	22c. DATE	SIGNED	
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1		22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)		1	22e ADDRE	SS							
		ROBERT	B. S	TOLTZ	,M.D.		GBMC	-6701	N.	CHARL	ES S	Τ.			
		BURIAL, CREMATION,	_	23b. DATE 3-14-	1983	Dulane	emetery or Vall	CREMATORY	23d C	OCATION OCKEYS	ville	e co	UNITY ME	aryla	nd

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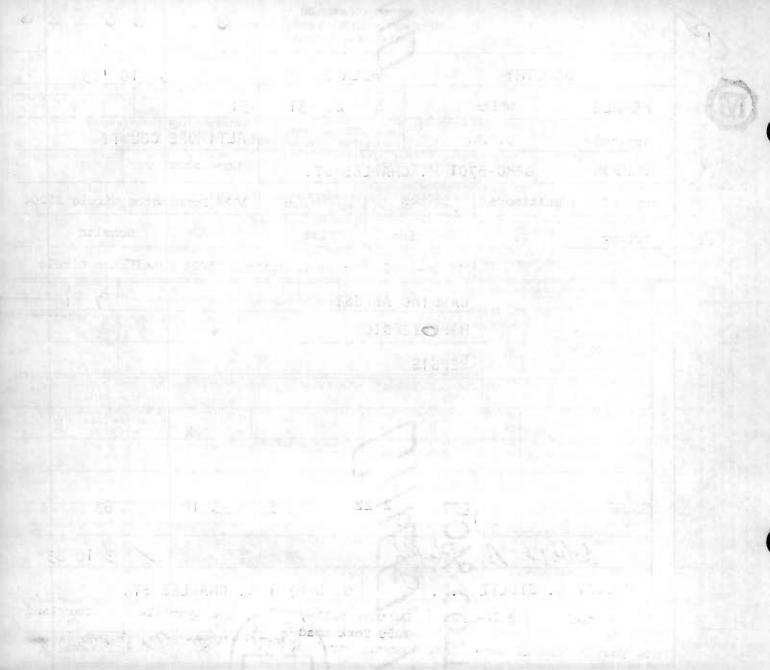
DHMH - 16 50M 4/82 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Maryland MAK

FOR - STATE

3-14-1983

Dulaney Valley



4		FOR STATE REGISTRAR			DEPARTM	ENT OF HEA	OF MARYLAND ALTH AND MEN ATE OF DEA	ITAL HYGI	ENE 8	S REG. NO	0	6 2	2 6
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ar, po	3	I. SEX		4 RACE		5. DATE OF	BIRTH	YEAR	6. AGE (IN YEAR	RS LAST BIRTH	_	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
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ompletely ond 2 sh	30	4 FATHER'S NAM		Mat	ykä	1.	s. MOTHER'S MA	tarz	E	MIDDLE		lano	Т
be execut an ond co	1	60 WAS DECEASE (YES, NO OR UNKNO	D EVER IN U.S. AR DWN) (IF YES, GIVE	WAR OR DATES)	8-30-		7 INFORMANT St. Jo	seph'	s N.H	ADDRES 122	2 Tu	gwell	Dr.
that the death certificated by the ottending physic ease remove carbon page of, cremotion, or removal, an other trounditic event, the		Conditions, gove rise	if ony, which to immediate stating the	ly one couse per line for DBY E CAUSE (o) DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUE	NCE OF A	Carcu	nonces né og	toles ISla	nae	d	BETWEEN C	MATE INTERVAL ONSET AND DEATH
low requires as been signe bermit. Then p te prior to bur	9	PART 2. OTH ON 19a DATE OF 21a. ACCIDENT			DEATH BUT NOT RELATED TO THE TERM			20s. AUTOP	SY?	206. IF YES, IN CERTIFY	, WERE FINDIN	NGS USED OF DEATH?	
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Spital or CTOR: Af I for use o of Health		sow the	deceased alive an	tol) attended the dece	3 19	13, ond	that in (my) (our) opinion de		on the dot			that (1) (couses stated
TAL OR Ay the hory the hored detoched note Dept.		27h SIGNA	Mel	in All	floy	4	PHYS	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		3/ DATE	SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be detinith the Stote IMPORTANT:	1	Ma. PHYSTCI	NEGOTA	MeKA	/ N	10	1152 N	1811	ing Re	Be	elte	Mol 2	1/228,
BP		BURIA	ATION, REMOVAL	3/8/8	3 He	LYR	OSARY	7	23d. LOCATI	LTO		COUNTY	M Biate
DHMH - 16 50M 7/77 (VR A 15 (4))		JOHN M A		SONG INC	ADDRESS	401	S: RST	MAR MAR			REGISTR	Lar's SIGNATI	ure

attivados -The state of the s The same of the sa PROPERTY OF THE PARTY OF THE PA JOHN AND TELL STREET STREET RELIEF TO WAR BY 1883 JACK TO BELLIKE

, 3			em #6 per FOR 3/9/83 STATE 3/9/83 REGISTRAR		call		ARTMENT		ID MENTAL HY	GIENE (3 3 REG. N	0	6 2	27
m.s			EASED NAME	FIRST		WIDDLE		LAST		20. DATE	OF DEATH	MONTH DAY		2b. HOUR
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ge 4 mo	1	3. SEX	Male		Whit	te		ril 30	, 1919		N YEARS LAST BIR	THDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS.
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AND 212 To hour filled in hould be in hould be in hould be in hould be in houst be	35	I30 S Ma	L RESIDENCE (IF NURS TATE ryland	Bal	timore	13c. CITY OR	BEFORE ADMISS	13d. INSID	E CITY LIMITS?	134. STREE	address Abe	erdeen	Road	21204
E, MARYLA completely if and 2 sh	30	14. FA	George	Ĩ	E. N	lason,	sr.	15 MOTH	Er's MAIDEN NA	AME	WIDDLE		Neib	erlein
IMORE, oe execut n and co Pages 1			AS DECEASED EVER		WAR OR DATES				a M. M	asoni	ADDRE		en Rd	.21204
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbonoppers. Pages I and 2 should be fille thand Mental Hygiene prior to burial, cremation, or removal.		NO	PART 1. DEATH W // A Grant Conditions, if only, gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN	which mediate g the lost.	DUE TO, C (b) DUE TO, C (c)	OR AS A CONS CARCI	SEQUENCE C	OF THE			ase or con	DITION GIVEN		NATE INTERVAL
AL RECOR	1	CERTIFICATION	90. DATE OF OPERAT	ION			HICH OPERA	TION WAS PE		YES X		IN CERTIFYIN		GS USED OF DEATH?
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DIVISION or otherdia After this is as the bu		MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK	ILE 🗌	(AT HOME, 51	OF INJURY TREET, FACTORY, O		21f. LOC/	REET		CITY OR TO	WN	COUNTY	STATE
ATTENDIA spitol or CTOR: A for use of Health		0.0	220. I certify that XI sow the decease above XI) (we) (b	(this hospite of alive on a id) Not not	ol) offended 3	he deceased to	19 <mark>83</mark>	3-3 , and that in ()	19 <u>83</u> <mark>W</mark>) (our) opinion	, , , , ,	3-4 rred on the do	ate and hour a		hatXII (we) last auses stated
TAL OR / by the ho yy the ho RAL DIRE detoched tote Dept			226. SIGNATURE	Two	M.	7	/	DEGREE	ATTENDING PHYSICIAN (MEDICA DIRECTO	L STAP	F IAN EX	3-4	1-83
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	PLEASE RECTOR. R FILES. HOURS STREET,	3. SEX	4 RACE	S. DAT	TE OF BIRTH	6. AGE (IN)	DAY)	DER 1 YR. IF UNDER	24 HRS. 2c. DAT		AONIH DAY 1 YE	AR 2d HOUR
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D. 2	4 AL	14. FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S MAID	ENNAME	MIDDLE	LAST	
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301			lying cause last.		(c)							
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DIVISION	CERTII TING DED T 3 SH DEPAI PRIOR	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE OF STREET, FACTO	INJURY (AT HOME,		CATION	CITY OR TO		COUNTY	STATE
No.		2	AT WORK AT WO		SIREET, PACIO	RT, FARM, ETC.)		DINCET	CITY OR 16)WN	COUNTY	SIAIE
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					X		vicide		Undetermined n	7	п ту артап	
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	SHORE		SIGNATURE	7	7).	A		11/17	MEDICAL EXA	MINEK	SIGNED	
	MEDICA SE 4 SH FUNER PUN		EXAMINER'S MAME	MOC	- Va	tell	e-	ADDRESS 34	2+ DU	wal	Kare 2	1222
	TO MEDICA EXECUTE TH PAGE 4 SH PAGE 4 SH PAGE 6 SH AFTER DEATH	23a.B	RIAL, CREMAT RE	MOVAL 23b. DAT	TE,	23c. NAME OF C	EMETERY C	R CREMATORY	23d. LOCATION		COUNTY	CLASE
	ВР	(5	BURIA	1 3,	123/83			CEM	ELA.	TON	VA.	STATE
	DHMH · 17	24. FI	INERAL DIRECTOR					250. DATE		AR 25h PEGIST	RAR'S SIGNATURE	. 1
	(VR A15 ME (5)) 15M 7/76		T. 5. COM	VIVELI	ADDRESS	300	MA	CE- MA	R 23 1983	John	no whe	4
			V		7.1			1.11				

FOR STATE

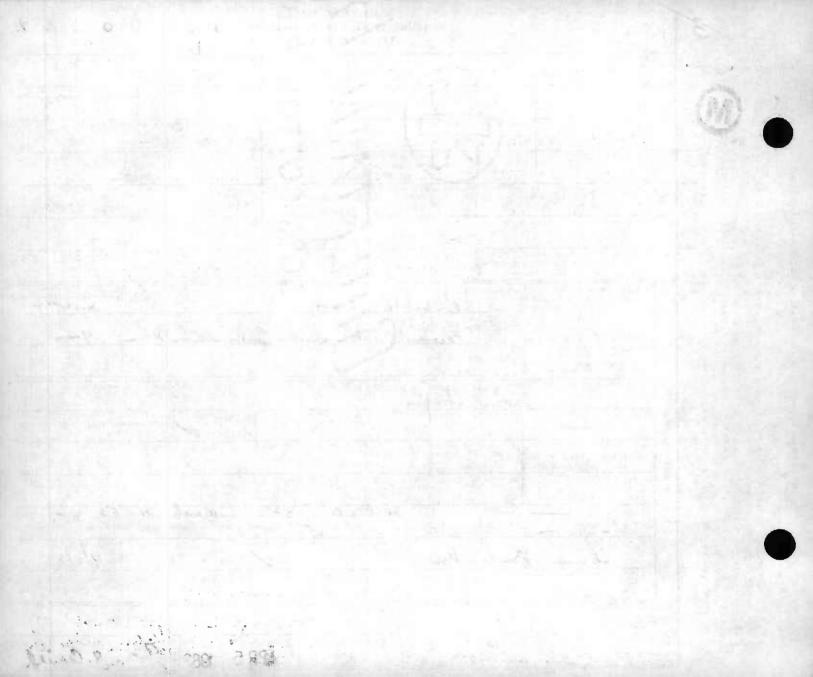
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

1		REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	0			
4		CEASED NAME FIRST	MIE	DDLE		LAST		MONTH DAY	YEAR	2b HOUR	-
	{ TYPE	Louis	C.	M	cDone	ald	March	31, 198	3		AA
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J		male	white		July	22, 1897 AR	85	YRS	VIHS DAYS	HOURS MIN	d.
	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C		FDEATH		
Ś		Virginia	U.S.A.		WIDOWE	DIVORCED [Baltimore	2 Count	y	٨	AD.
1	W	ty or town of death oodlawn	5509 GW	ynndale	Ave.	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Ret. C.R.	F WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY iels Inc.		
*	T3a S		VTY 1	ve residence before. 31. CITY OR TOWN Woodlawn	1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5509 Gwyni	ndale A	ve. 2	21207	
1	14 FA	THER'S NAME John	MCD:	onald		15 MOTHER'S MAIDEN NAM	WE	М	cDonal	d	
Ī		VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE	ss 5509			0
	()	(IF YES, GIV	VE WAR OR DATES)	217-01-0	526	Hazel Russel			2120		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per lin D BY: TE CAUSE (0)	Pus bal	le	CSA			APPROXIM BETWEEN O	MATE INTERVAL	_
		4292	DUE TO, OR A	AS A CONSEQUE	P OF A	1 -11-1	0 0 -0	0	u.		
		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR A	AS A CONSEQUE	NCE OF	Armoselevotic (andiovorculo	Piseone	7	Library	
		underlying couse last.	((c)								
	NOI	PART 2. OTHER SIGNIFICANT (Cerebral	atworky		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11a		
į.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO -	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDINGIG CAUSES	GS USED OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	117	MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	1 OR PART 2)		_
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE, FA	19	211 LOCATION	CITY OR TO	wn	COUNTY	STATE	
		WHILE NOT WHILE AT WORK				7		0			
		22a. I certify that (1) (this bospessow the deceased alive an abave, #T(we) (did) (did no	March	3/ 19 /	Marik 3. or	nd that in (my) (cor) apinian a	leoth occurred an the do	ate and hour ar		hoter (we) la ouses stated	st
		226. SIGNATURE	Breilie	hus		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE 6	SIGNED 83	
		226. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e. ADDRESS				L	
-		Dr. Herman E					rity Blvd.				
	B	urial, cremation, removal urial	4/4/83	Goo	d She	epherd Cem.	Ellicott			. MD	
	24 FU	NERAL DIRECTOR Loring	g Byers F	uneral D	irec	tors, Inc. 250 DATE		256. RECISTRA	S SIGNATU	IRE	
ı	87	28 Liberty Rd.	Kanaalls	town, Md	. 2.	1133	PR 5 1983		· · · · (Ahrely	

DHMH - 16 50M 1/B1 (VRA 15, 4)



1/1		FOR 5 44 PE	R CAll	n/fh by	3/14/83 ST	ATE OF MA	ARYLAND AND MENTAL H	IVOIENE)		2 13 12	0
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Basser.		CEASED NAME	FIRST + UGA	+	MIDDLE MIDDLE	Mal	5-LYN)	V 20. DATE OF DEATH		DAY YEAR	2b. HOUR
A PARTIE NO CONTRACTOR NO CONT	3. SE)			DATE OF BIRTH	YEAR LAST BIRT		ER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUN DEAD	NCED IN A M	DAY YEAR 4 1983	2d HOUR 855 M
NECESSA FUNERAL S FOR WITHIN W PREST	Pe	RTHPLACE (STATE OR REGIN COUNTRY)		76. CITIZEN OF WH.	AT COUNTRY?	WIDOWE		ED Bo	ltimore (MD.
OCHERT	Ro	SSVILLE		9004 Ph	ITAL, NURSING HO	ia Rd	·21237	US BOP	tce		
F ANY DEL AND 3 TO RETAIN BESTON		AL RESIDENCE (# 10 NU)	13b, COUNTY		RESIDENCE BEFORE ADMI		3d. INSIDE CITY LIMITS? YES NO X	13 STREET ADDRE	SPHILA	R0212	37
DRE, MD. DEATH IF GES 1, 2, M PM 3, AND 2 SI		ATHER'S NAME FIRST Hugh		ancis	McGlyr	ın	5. MOTHER'S MAIDE FIRST Agnes	N	Dub	inick	
B. GIVE PACES 1. 2. WITH FORM PM. 3. T. PAGES 1. AND 2.5 DIWISION OF WITH	{Y	VAS DECEASED EVER ES, NO, OR UNKNOWN) Pes	(IF YES, GIVE W		169-14-		7. INFORMANT Kenneth	McG1ynn	5864 St Elkridg	eepridge, Md.2	e Dr.
RECORDS, 201 W. PRESTON ST., D BE EXECUTED WITHIN 24 HOUS FUNDING" IN PENCIL IN ITEM 18 MEDICAL EXAMINER ALONG AS A BURIAL -TRANSIT PERMIT AS A BURIAL -TRANSIT PERMIT CREMATION, OR REMOVA.	Z	PART I DEATH W Government of the government of	immediate the under-	CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENCE S A CONSEQUENCE	E OF			UNSCUL	1472	
SHOULD BE ENORD "PENDIN "PENDIN "PENDIN "PENDIN "PENDIN "PENDIN "PENDIN "PENDIN "PENDIN "TOF HEALTH BURIAL, CREM	RTIFICATIO	19a. DATE OF OPERA		19b. CONDITI	ON FOR WHICH OP					20 AUTOPSY	, NO 🗆
TIFICATI TO THE VIOLD HOULD VARIANEI	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT	OR CAUSE OF DE	HOUR A.M. P.M. 21e PLACE O	MONTH DAY YE	21f. LOCA	ATION	D (ENTER NATURE OF IN.	JURY IN ITEM 18 PART 1 OR P	OUNTY	STATE
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER DEATH, WITH THE STATE DEE BALTIMORE, MARYLAND, 21201 PR		22a. I certify that I death resulted from	ORK took charge	[]	ribed obove, held on Accident ,	Autopsy Suicide ,	Inspection Homicide TITLE (SPECIFY) DEPUT	Undetermined mo	DATE	11-1	83
TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIM	23a.B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, R PECIFY)	ADDRESS COCICEYSULCE MO COUNTY FIA1 3-8-83 Gardens of Faith Baltimore								TATE
BP	24. F	UNERAL DIRECTOR			Garde	212		REC'D. BY REGISTRA	Baltimo		Tand
DHMH - 17 (VR A15 ME (5))	La	assihn Fu	meral	L Home	7401 Be1			1 0 1983	John J.	Comment	

topened to an one with the transfer of the contract of the con n despense MARY P 1888 JA COLOR STORES

the ottending physicion and completely filled in by the furnemove corbangapers. Pages 1 and 2 should be filed with

injury, or other troumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

etoined by the hospital or attending physician.

should be detached for use as the buriol-tronsit permit. Then please remove corbonpape with the State Dept. of Heolth ond Mentol Hygiene prior to buriol, cremotian, or removal

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

6

	REGISTRAR		CERTIF	ICATE OF DEATH	REG, NO.			
	I. DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	Mildre	d E.	Mc	Knight	March 24, 19	183	6 -0 AM	
1	3. SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR		
	Female	White	Dece	mber 19, 1912	70 YR	S. MONTHS DAYS	HOURS MIN.	
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County			
	Maryland U.S.A.		WIDOWE					
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			120. USUAL OCCUPATION		OF BUSINESS OR	
	Hydes 13220 Long Green SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGM)						Stalfort	
	13a. STATE 13b COUN			136. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2201 Alletta A	we 2122	7	
4	14. FATHER'S NAME	202.6		15. MOTHER'S MAIDEN NAM		100. 2122		
-	FIRST	MIODIE LAST		FIRST	WIDOFE	IA LA		
ابر	Emory	Kohlhau	_	Agr	ADDRESS	Thompso	n	
The second secon		E WAR OR OATES)	SECURITY NO.	17. INFORMANT				
	No	212-05	-23/9	Agnes E. Gord	lon, 805 Stags			
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: E CAUSE (o)	liopul	lmonary	anut	BETWEEN	CIMATE INTERVAL ONSET AND DEATH	
	Conditions, if any, which (b) Carmonia of the lung with							
	gave rise to immediate couse (a), stating the underlying cause lost.			listaria	9	40	nentles	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				YES, WERE FINDI		
1	an an important Course of the		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER		19			2110-100		
	OK CONTRIBUTING CAUSE OF DEA	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	22a. I certify the (1) (this hospi	3019	1/2	nd that in (m) (our) opinion d	to	hour and from the	that (1) (we) lost	
	224. PHYSICIAN'S MAME IMPIG	Hereber death)	6	DEGREE ATTENDING PHYSICIAN P126. ADDRESS	MEDICAL STAFF	22c. DATE	SIGNED 25/83	
		evickas, M.D.	-/11 19	5404 East Dr	rive (2/	227)		
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Buria1	3-26-83	Loudon	Park Cemetery	y Baltimor	e Maryl	Land STATE	

BP. DHMH - 16 50M 4/82

24. FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc., Towson, Md. 21204 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 2 8 1983

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(VRA 15, 4)

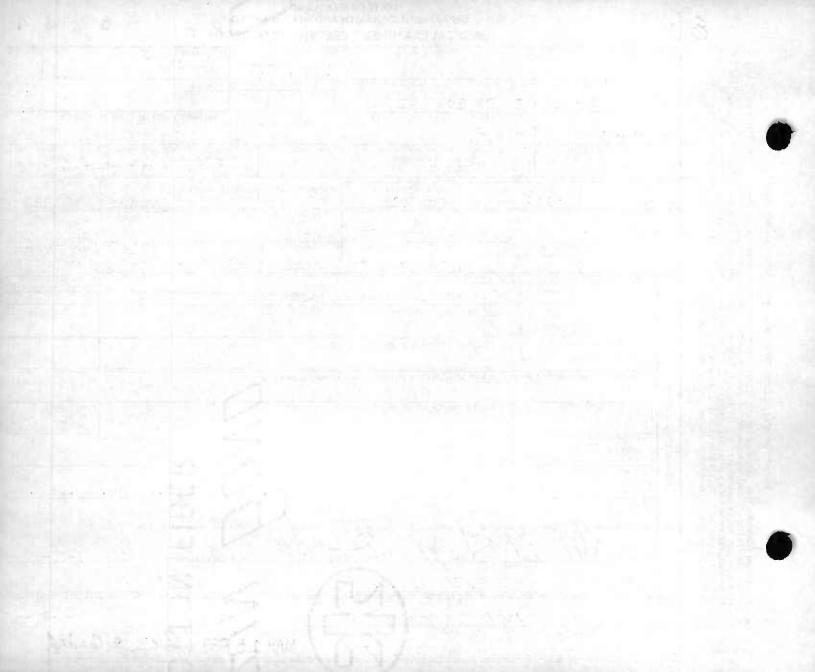
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-Fred Melhorn, DEATH MATED III 1983 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 1983 31 1955 Male White 27 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County, Maryland U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 719 Wise Avenue Sparrows Point Musician-Self Employed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 719 Wise Avenue SIT PERMIT. PAGES 1 AND 2 SHO HYGIENE, DIVISION OF WITAL REC 21222 Marvland Dundalk 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Frederick J. Melhorn, II Jackson Mattie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRES 719 Wise Avenue 16h SOCIAL SECURITY NO. Mattie Levinskas 218-62-4752 Balto., MD. 21222 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun wound of Head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE OI PRIOR TO BURIAL, 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? (headsonly) YES XX NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 4 . 00 84. 3 subject shot himself 19 83 21e PLACE OF INJURY (ATHOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 719 Wise Ave. Sparrows Pt. Balto. Co., Md Home EXECUTE THE CERTIFICATE, WAS A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PARATER DEATH, WITH THE STAR BATTIMORE, MARYLAND, 213 (head onl 22a I certify that I taak charge of the remains described above, held an Inspection and in my opinion Suicide XX death resulted Im Homicide Undetermined monner DATE 3-13-83 EXAMINER'S NAME Dennis F. Smyth, M.D. III Penn Street (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 3/16/1983 Gardens Of Faith Burial Baltimore Maryland 24 FUNERAL DIRECTO Duda-Ruck, Inc. 25a. DATE REC'D. BY REGISTRAR 24 REGISTRAR'S SIGNATURE **DHMH - 17** 7922 Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5)

20M 4/B2

STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ľ	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	D.		
	CEASED NAME FIRST MARY	MIDDLE	Yerk	2YMAN	03-29-	83	YEAR	3:35 %
3 SE	EMALE	CALC.	S. DATE C	28 1905	6. AGE (IN YEARS LAST BIR	HDAY) IF UN MONT	HS DAYS	IF UNDER 24 HRS HOURS MIN.
	COM'D.	CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BANTIMO	//	DUN	7 Y MC
R	andallstown B	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FAGUITY, GIVES REET A DALTO. U. TEN		OSP.	170 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE)	26. KIND O NDUSTRY WOOLF	F BUSINESS OR
13a	AL RESIDENCE (IF NURSING HOMFOR OTH	PER INSTITUTION GIVE RESIDENCE BEFORE A SECITY OR TOWN		13d INSIDE CITY LIMITS?	130 STREET ADDRESS.	land 1	1:118	21784
) ⁴ F	JOHN MIDI	SMITH	,	GEOGIA			BECK	RAFT
	WAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE W.			DO NALD MERK	ADDRE	ss Kesvill	E.M	D.
	PART I. DEATH WAS CAUSED B IMMEDIATE C Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	AUSE (a) CAR DiO I	DESF NCE OF	CANCER.	RREST	NCSEAS	APPROXII BETWEEN (MATE INTERVAL INSET AND DEATH
TION	PART 2 OTHER SIGNIFICANT CON				162.263			
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATIO		200 AUTOPSY? YES □ NÖ	20b. IF YES, WE IN CERTIFYING	G CAUSES	OF DEATH?
AL	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FA	RM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this hospital)	attended the deceosed fram		-0-2 19 83				that (I) (we) lost

above, (1) (we) (did) (did not) view the bady after 226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Hee MPORTANT 23a. BURIAL, CREMATION, REMOVAL BURINE 24 FUNERAL DIRECTOR

FOR

Margar . 3

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

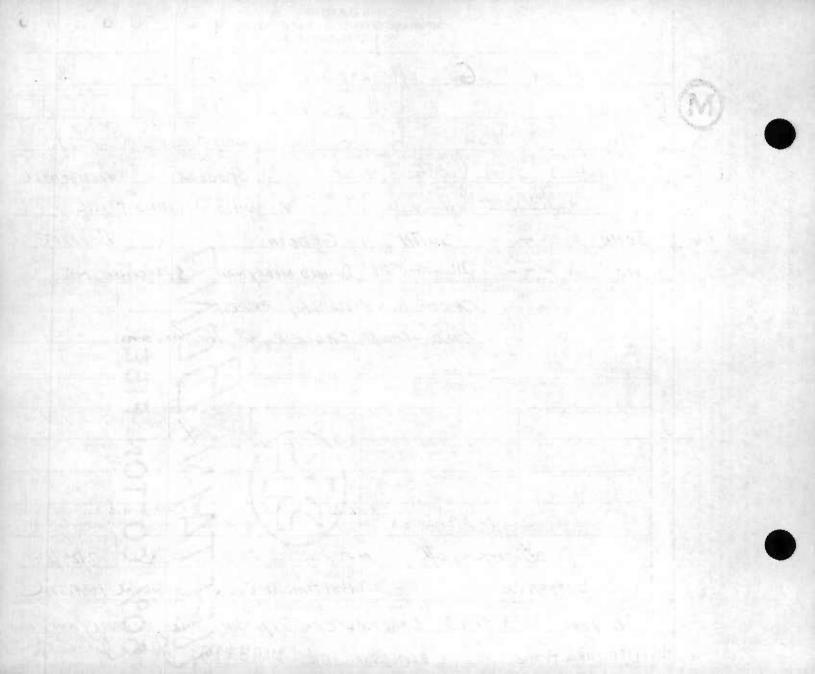
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HAIGHT FUNERAL HOME

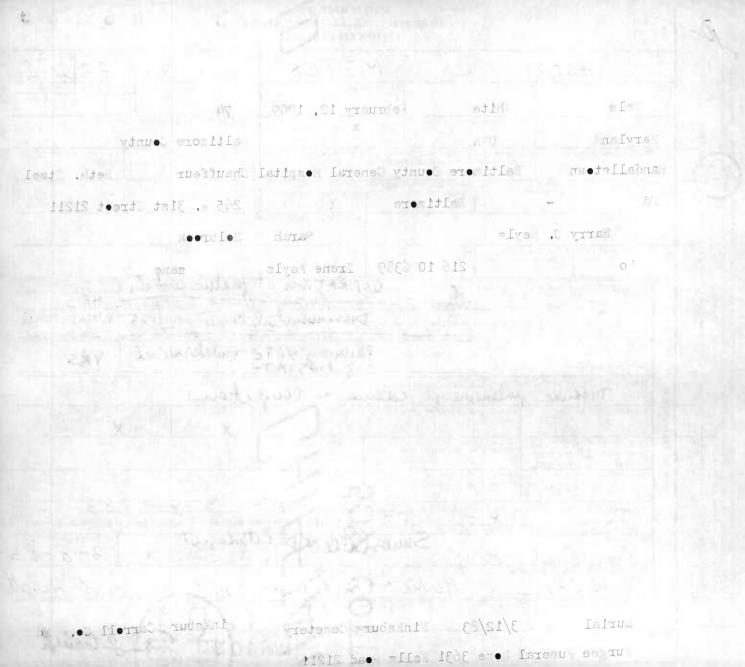
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DHMH - 16 50M 1/81 (VRA 15, 4)

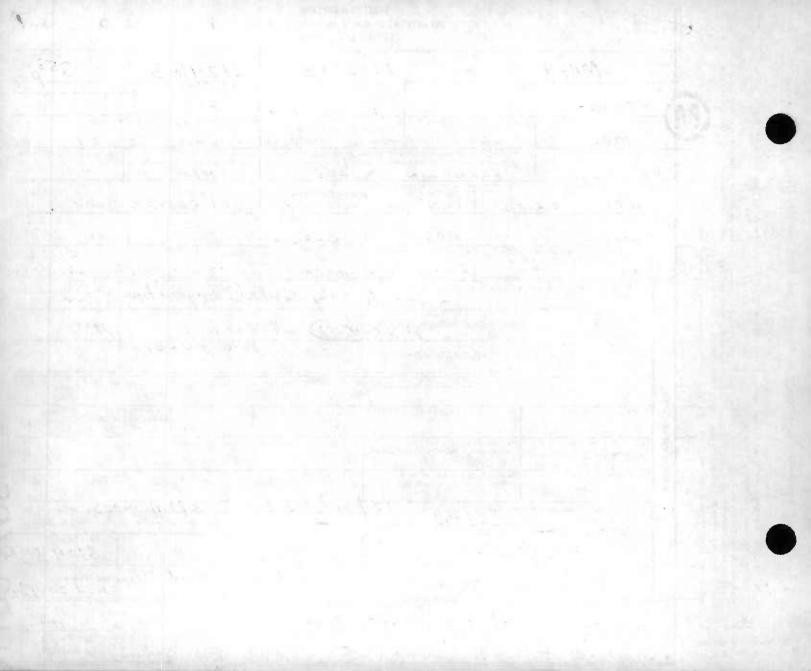
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deoth deoth	(TYP	CEASED NAME FIRST E OR PRINT) HAR	- 1	WIDDLE	1	1EYLS	20. DATE OF DEATH	3-8-	93 2 L	DM DM
after a	3. SE		4 RACE		MONT		6. AGE (IN YEARS LAST BIR	HDAY) IF UND	DAYS HOURS	4
ours ours	70 B	Male IRTHPLACE (STATE OR FOREIGN	Whit	E WHAT COUNTRY		ary 12, 1909	74 9 BALTIMORE CITY O	YRS.	EATH	
42 35	1	country Maryland	US		MARRIE	DEN NEVER MARRIED	Baltimore			MD.
MIS	10	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	neral Hespita	120 USUAL OCCUPATI	ON 12b F WORKING LIFE) INI	KIND OF BUSING	
W S	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136. CC	OR OTHER INSTITUTION		WN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 265 W. 3			
300	14. F.	ATHER'S NAME HARRY C.	Meyls	LAST		15. MOTHER'S MAIDEN N	AME Holbrook		LAST	
Poges		WAS DECEASED EVER IN U.S. YES, NORTHINKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	216 10		17. INFORMANT Irene Meyls	ADDRE	ss Lme		
rmit. Then please remove corb prior to burial, cremation, or any injury, or other troumatic	ATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICAN DITURE 190. DATE OF OPERATION	DUE TO, (c)_ T CONDITIONS C	onary	UENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN	E FINDINGS US	BO ED
Mentol Hygiene por Hem 18 shows o	CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJUI	YES YES IN THEM 18 PART 1 OF	NO	
morked or Hen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMS 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, S	P.M. E OF INJURY STREET, FACTORY, OFFICE	0	21f. LOCATION STREET	CITY OR TO	wn co	DUNTY	STATE
Pept. at He Item 21 is		10. 11 011	on 3 not) view the bod	19	83.	nd that in (my) (our) opinion PEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAF	F 2	that (I) from the couses so that ESIGNET 3 -8	
with the State [23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE			Bulle heary	23d. LOCATIO	J cou	al H	25p
	24 F	Burial UNERAL DIRECTOR	1 3/12,	/83 IF	Inksbu	rg Cometery	Finksbu	MARGISTRAR	de me	mi-
50M 4/82 5, 4)		Burgee Fund	mal Lam	ADDRESS	11- 0	MA MA	R 1 0 1983	Johns	is welly	~



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t	1.	FOR STATE		DEPART		EALTH AND ME		ENE B S	U	6 2	3 /
		REGISTRAR						REG. N	-		
		CEASED NAME AND PIRST		MIDDLE	na-	IST		20. DATE OF DEATH	MONTH DA	Y YEAR 26	HOUR
noy be poge 3 er deoth	-000	MARY		A.	INI	TELKE		3/29/8	-3		3.52
od o	3. SE		4. RACE		S. DATE O	F BIRTH	-	6. AGE IN YEARS LAST BIR			UNDER 24 HRS
ctor,	N	FEMALE	CAL	IC. my	MONTH	13 1	895	88		INTHS DAYS H	IOURS MIN.
direction of the	100	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	13 1		9. BALTIMORE CITY O	P COUNTY C	DEDEATH	
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E E	150	m_0 .	US		WIDOWE		RCED	BALT		UNTY	MD.
3	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITU	UTION	120 USUAL OCCUPATI		126. KIND OF B	BUSINESS OR
B (9)	6	ROSSVILLE		ANKLIN		VARE		H/W		-	
e 9	USU.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)					7	1222 1
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P 92	17	FIRST	MIDDLE	LAST		FIRS	ST	MIDDLE		LAST	
5 (3)	ν.	JACOB		RUSS		BAR	BARA		V	VINK	
20 1		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	Г	ADDRE	SS		1222
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or o		4100	DUE TO C	R AS A CONSEQU	ENCE OF	- 5	11	2 10		une	
on, on		Conditions, if ony, which	(b)	- 17	18C	VD	with	Cardiac	,	Mr.	
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cre the		couse (a), stating the underlying couse lost.	DUE TO, C	R AS A CONSEOU	ENCE OF						
or o	- 3		(c)							1	
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and and	E							YES NO	YES		NO 🗍
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N PO F	MEDICAL	21d. INJURY OCCURRED		OF INJURY	FARM, ETC.)	21f. LOCATION STREET	W. DEG	CITY OR TO	WN	COUNTY	STATE
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D T E		sow the deceosed olive of obove, (#*(we) (did) (did)	act) view the body	after death.						22c DATE SIG	
Dep f He		22b. SIGNATURE	make to	-	A	DEGREE	ENDING 1	MEDICAL STA	FF	3/2	0/00
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_	_	BURIAL	4/2	183 15	דוטעע ד	ED EVAN			BAL		mD.
6 50M 4/82	24 5	ONERAL DIRECTOR	- 11	ADDRESS	01	216		REC'D. BY REGISTRAR	255 REGISTR		E. A
A 15 4	1/	21 011/00 1	- H d	NO NESS	ut/18	1.	ADD	E 1083	Jalen	2 Calu	MAN



STATE

REGISTRAR DECEASED NAME

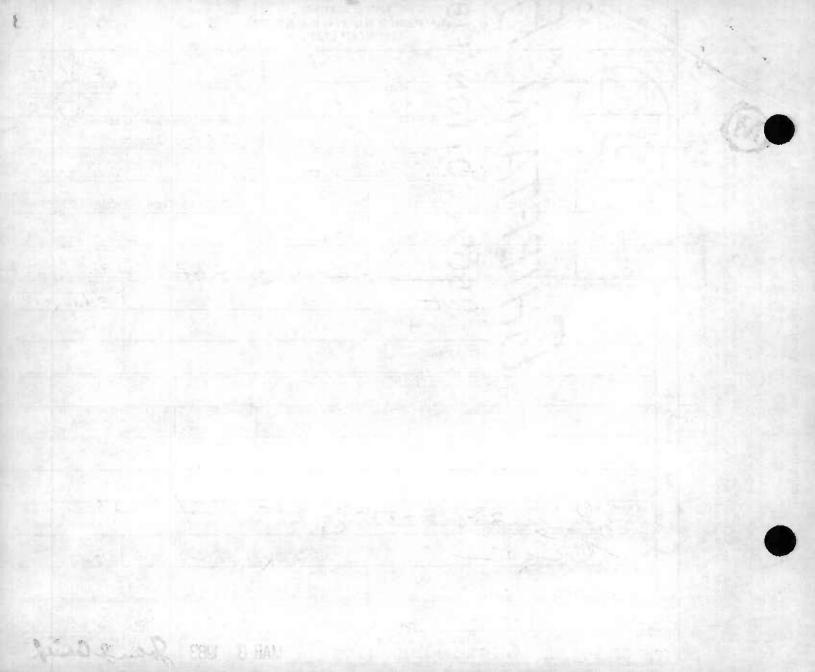
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 26 HOUR March 5, 1983 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING INDUSTRY Seamstress 2673 West Park Drive unknown 17 INFORMANT Westminster ADDRESS MD 2519 Bird View Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY

22t. DATE SIGNED 3/7/83

27777

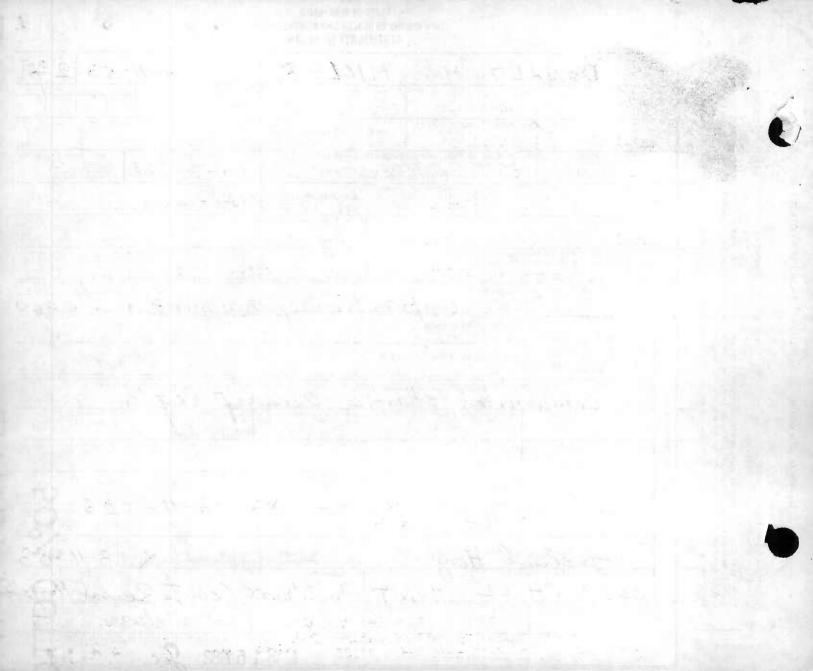
3/7/83 Western Cemetery Baltimore City, Md. 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DATE REC'D. BY REGISTRAN 2100 1983 8728 Liberty Rd. Randallstown, Md. 21133 MAR 8

DHMH - 16 50M 1/81 (VRA 15, 4)



(VRA 15, 4)

STATE OF MARYLAND



to		1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 3 3	0	6 2	4 0
-			ORPRINT)	FIRST	A	AIDDLE		NST .	20. DATE OF DEATH			HOUR
oy be age 3 death		,,,,,		George	1	M	MILLE	R, Jr.	March 29	, 1983		11:35a
mo,		3. SEX	¢ .	1	I. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UNE		UNDER 24 HRS
nge 4	200	-	ale	411	White			11- 1911	71	YRS.		
death. Page	34	Ma	RTHPLACE (STATE OR COUNTRY)		USA	WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIED DIVORCED	Baltimore city o		EATH	N
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and 2	34	14 FA	THER'S NAME FIRST George	e	M.	Mil		15. MOTHER'S MAIDEN NAM	MIDDLE		11ey	
e execut n and co Pages 1	1		VAS DECEASED EVER (ES. NO OR UNKNOWN)		MED FORCES?	216-05		17. INFORMANT B Margaret N	ADDRE		Dr.	2123
requires that the decen signed by the atte. Then please remove in to burial, crematian injury, at ather traus		7	gove rise to imicouse (a), statii underlying cause	ng the e lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERMI	NIAL DISEASE OF CONI	DITION GIVEN IN	DAPT 1/a	
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The law recian. In permit a p	1	RTIFICATION	19a DATE OF OPERA				OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WEF IN CERTIFYING YES	RE FINDINGS , CAUSES OF	
SICIAN: The lang physician. certificate has virial-transit per tental Hygiene them 18 shaws	1	ICAL CERTIFICATION	19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [IDERLYING CAUSE OF DEAT	216. TIME OF HOUR A./	FINJURY M. MONTH DA M.		N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WEF IN CERTIFYING YES	RE FINDINGS , CAUSES OF	DEATH?
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4		REGISTRAR		CERTIFICAL	EOFDEATH	REG. NO	h.		
		CEASED NAME FIRST L	ily _	Milr	re	March 14		YEAR	2b. HOUR 7:15 ♠
	3 SEX	Female	A. RACE White	Juren	^H 28,1878	6. AGE (IN YEARS LAST BIRTI	YRS.		IF UNDER 24 HRS HOURS MIN.
7	C	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	MARRIED WIDOWED	NEVER MARRIED X	Baltimore city of Baltimo	re Coi	ınty	MD.
)		therville	11. NAME OF HOSPITAL, NURSII		OO W. Sem	THE TY FOR MY			sing
ó	USUA 13a. S		E OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	YES YES	NO 🗆	TAY STREET HADDRESS	y Lami	bouri	ne Rd. 7221204
ð	14. FA	J'OHN	Milne Milne AST	15. M	Margaret	MIDDLE	David		
		VAS DECEASED EVER IN U.S. (15 YOUR HINKNOWN) (15 YES.	ARMED FORCES? 166. SOCIAL SECTION 216-46-	URITY NO. 17 IN -0037 Ge	orge V. F	timore, ADDRES Parkhurst-	5 Md. 1 1214	21 <i>2</i> 02 Muns	2. ey Bldg
7	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.	10/	ENCE OF	RELATED TO THE TERM	INAL DISEASE OR COND		ERE FINDIN	GS USED
	MEDICAL CERTII	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETIMER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED MILE NOT WHILE NOT WHILE NOT WHILE NOT WORK 22a. I certify that (I) (this has saw the deceased alive above, (I) (was taken did not be above).	HOUR A.M. MONTH D.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, and on March 2 16 d not) view the body after death.	FARM, ETC.) PARM, ETC.) PARM, ETC.) DEGRI	In (my) (em) opinion of	YES NO NERD (ENTER NATURE OF INJUR CITY OR TOW CITY OR TOW	19 Lete and hour and	COUNTY , t	_
	- (UNERAL DIRECTOR	n Mar. 15, 1983-			23d. LOCATION CITY OF TOWN DETECTY— BOEREC'D, BY REGISTRAR R 15 1983	ltimo	re M	STATE URE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

etained by the hospital or attending physician

should be detoched for use as the buriol-transit permit. Then please remove corbanpant with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal

IMPORTANT: If Item 21 is morked or Item 18 shows ony

injury, or other traumotic event.

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STATE OF STREET			
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and the second			Colored State

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR								REG.	NO.				
		OR PRINT)	FIRST		MIDDLE	Ĺ	AST		20. DAT	E OF DEATH	MONTH	DAY	YEAR	26 HOU	R
			PAUL		SEPH		HINI,	SR.			03	05	83	8;00	
	3. SEX			4. RACE		5. DATE C		YEAR	6 AGE	(IN YEARS LAST I	BIRTHOAY)	MONTH:	DER I YEAR	HOURS	24 HRS MIN.
		MALE		WHI'	re	09	25	07	6 6		75 YRS				
-		RTHPLACE (STATE C	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	n □ NEVE	R MARRIED	9. BALT	IMORE CITY	OR COUN	TY OF D	EATH	1-11-	
)		MARYLAND		U.S	.A.	WIDOWE	_	DIVORCED [LT IMOR	E COU	NTY			MD
	10 CI	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER IN	ISTITUTION		UAL OCCUPA			b. KIND C	OF BUSINE	SSOR
9	7	COWSON			ACOST NUR		HOME			IO SER				EMPL	OYEI
d	USU A		RSING HOME OF		GIVE RESIDENCE BEFORE		A 124 INICIDI	CITY LIMITED		NIENAN REET ADDRESS					
5		ARYLAND		TIMORE	ARBUTUS	N	YES T	NO 🛣		10 GAT		TERR	ACE.	212	27
	14. FA	THER'S NAME			2311		15. MOTHE	R'S MAIDEN N							
		PAUL		J.	MINGHINI			LILLIAN		WIDDLE			McCO	Y	
		AS DECEASED EVE		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFOR			ADD	RESS				
	{Y	ES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	218-10-6	353	HENR	Y F. WA	RNER	4910	GATEW	AY T	ERRA	CE.2	122
		18 CAUSE OF DEA	TH /Enter or	aly and cause nee	-	1.1	-:0			-				MATE INTER	
		PART I. DEATH	WAS CAUSE	D BY:	4000	6 1	a	long .	-10	2)1-1	Dead.	-	S	dda	DEATH
		Ulni	IMMEDIA	TE CAUSE (a)	100	-	2	7,000	7		a constitution of			3	
		Conditions, if ony, which											-5-	The	-
		gave rise to it	mmediate) "=	7	4-2-4	0							1	
		underlying cou		DUE TO, OI	R AS A CONSEQUE	NCE OF									
f		PART 2 OTHER SIG	SNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELAT	ED TO THE TER	MINAL DIS	SEASE OR CO	NDITION (JVEN IN	PART 1	o.	
	NO NO							20 10 1112 1211		SENSE ON CO		J, , E, , , , ,		70	
7.	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a /	AUTOPSY?				NGS USED	
7	Ē								YES	Поп		YES T	CAUSES	OF DEAT	
)	CER	210. ACCIDENT WAS U	INDERLYING				21c HOW	INJURY OCCU					OR PART 2)		
		OR CONTRIBUTING		-1111	M. MONTH DA	Y YEAR									
	MEDICAL	21d. INJURY OCCU		21s. PLACE	OF INJURY	11-1-7	21f. LOCA						OUNTY		
	Z	WHILE NOT	WHILE	(AT HOME, STE	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STR	EET		CITY OR	IOWN		OUNIT	51	TATE
ij		220.1 certify that		ital) attended th	e deceased from_	9	Nove	edizio 8	210	3/1	lare	5 19	33	that (I) (ret last
		saw the dece	ased alive on	at) view the bady	ren 19	\$3.00	nd that in (n	y) (eus) opinio	n death oc	curred on the	date and h	our and	from the	causes sto	ited
		71 SIGNATURE)	of) view the body	affer death.	1.7	DEGREE	11.77.1		100		1	22c, DATE	MONED	
ł		10h	2/10	7-0	march	0000	12	ALTENDING	MEDI	TOR PHYS	AFF		31	1/8	2
_	Carried Street	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)	w porce		22e ADDF		E OILE				1	ya	
		CHARLES	O'DON	NELL, M	. D.		75	01 YORK	ROAL	2120	4				
		0.241(1,1210)	0 201				1 13	OT TOTAL		2 -1-0	-				

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

should be detach with the State De IMPORTANT: IF

BURIAL

23a. BURIAL, CREMATION, REMOVAL

FOR STATE

03-07-83

23¢ NAME OF CEMETERY OR CREMATORY PK. MEADOWRIDGE MEM.

236 LOCATION ELKRIDGE

HOWARD MARYLAND

74 FUNERAL DIRECTOR 21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE

MAR 7 1983 Solu & Colu

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injury, or other traumatic

MPORTANT: If Hem 21 is marked or Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. N	0.	0	4 3
		CEASED NAME FIRST CARI		MOI		AST	2e. DATE OF DEATH		5-83	26. HOUR 1:23pm
	3. SE	Х	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
		Male	Cauca	sian		.6,1915	67	YRS.	5,1,1,5	MIN.
5	7a. Bl	IRTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore, M		VHAT COUNTRY?	8. MARRIE WIDOWE	D MEVER MARRIED DIVORCED	9. BALTIMORE CITY C	_		MD.
8		TOWS ON	11. NAME OF H	TACINOS EPH	AHOSP	DR OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Mech. En		INDUSTRY	F BUSINESS OR h Steel
1	13a. S	AL RESIDENCE (IF NURSING HOME STATE 1136, COL		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
5			ltimore			YES NOX	7001 Ru	xford	Dr,	21087
0	14. FA	ATHER'S NAME FIRST Christopher	Mohr	LAST		15. MOTHER'S MAIDEN NA FIRST Margaret	Cardell		LAS	ī
1		WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRI	SS		
	(II	213-01-	7411	Katherine	Mohr, same	as a	bove	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSED)	only ane cause per SED BY: ATE CAUSE (a)	CARDIAC		EST			BETWEEN	MATE INTERVAL ONSET AND DEATH
		4100								
		Canditians, if any, which	(b)	RECENT		LD MYOCARDIAI	INFARCTION	IS		
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	CORONAR		CERIOSCLEROSIS				
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110	ינ
1	CERTIFICATION	19e DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
1		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	CAIN	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C			21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (this has saw the deceased alive a abave (this has abave (this has a bave (this has a ba	n 3-16	19_	2-2 83	nd that in (My) (aur) apinian	ta 3-16 death accurred an the d	ate and haur	9_83 and from the	that (we) lost causes stated
		22b. SIGNATURE	, CR	ode	1	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		3-16	
1		22d. PHYSICAN'S INHAME (TYPE	OR PRINT)			22e. ADDRESS	The state of the s		Yan	
1		JEFFREY C.	ROCHE, M.	.D.		7620 YORK	ROAD TOWSON	, MD 2	1204	
		BURIAL, CREMATION, REMOVA		23c. 1		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
		Burial	3/21/	′83 I	Dular	ey Valley	Baltimo			nd
		UNERAL DIRECTOR		DOPENS -	D-1		TE REC'D. BY REGISTRAR	25 EGISTR	AR'S SIGNAT	URE
	S	chimunek Fur	eral Ho	me,9/05	BeT	all Kd. 414	18 + 8 1983	John	A P	and!

DHMH - 16 50M 4/82 (VRA 15, 4)

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Maryland

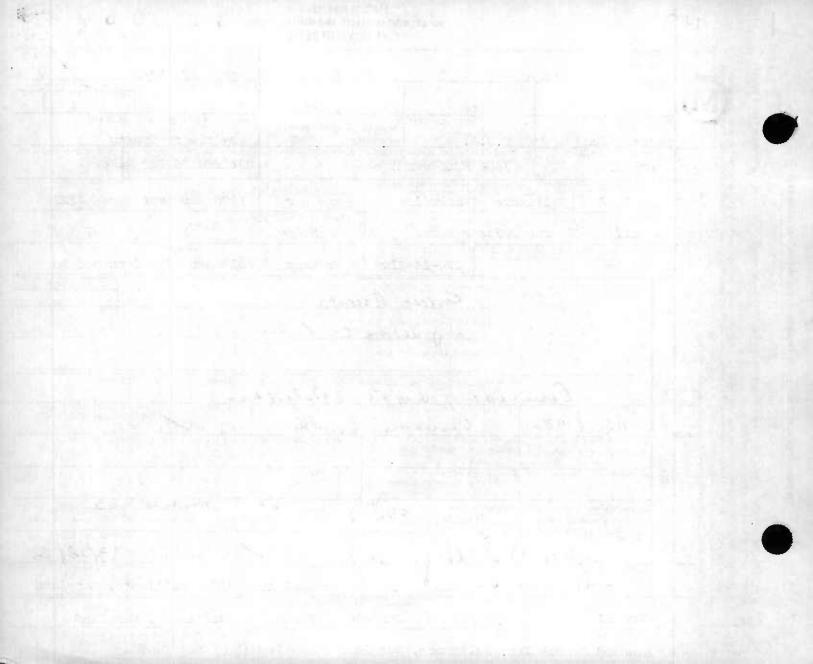
Singleton Funeral Home

(VRA 15, 4)

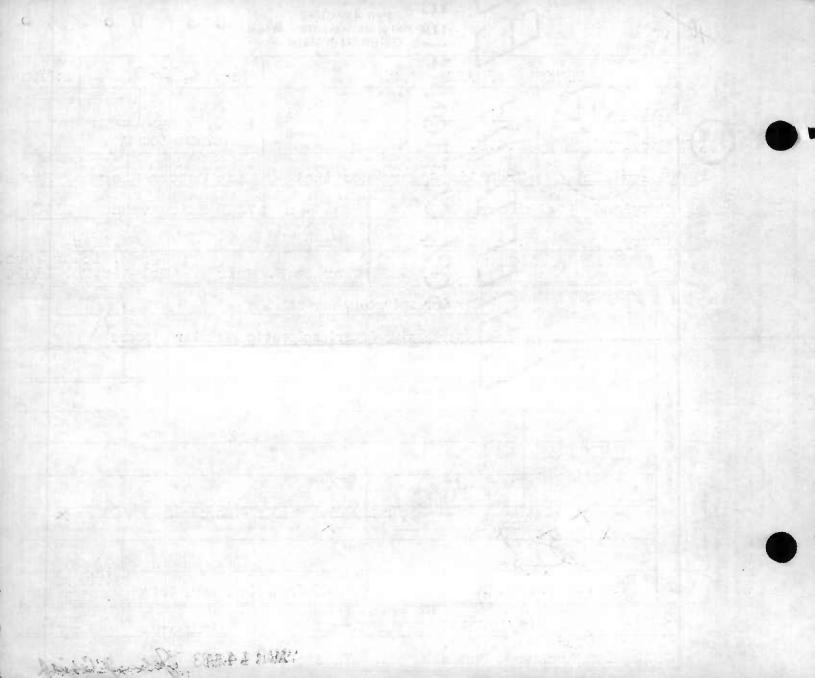
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 10日 - 10

101	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 6 2 4 5						
11-	STATE REGISTRAR			TIFICATE OF DEATH	REG. NO.			
	CEASED NAME FIR	RST MIC	DDLE	LAST	20. DATE OF DEATH MON	NTH DAY YEAR 2b. HOUR		
2		ntonio	C	Morel	March 25, 1			
3. SEX		4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.		
7a. Bif	Male RTHPLACE (STATE OR FOREIG	White	HAT COUNTRY?	1y 20, 1912	9. BALTIMORE CITY OR CO	OUNTY OF DEATH		
0 17 5	ountry) erto Rico	U.S.A	MA	RRIED NEVER MARRIED DIVORCED	Baltimore			
10 CIT	TY OR TOWN OF DEATH	11. NAME OF HO		ME OR OTHER INSTITUTION	120 USUAL OCCUPATION RECIPED MB 611	12b. KIND OF BUSINESS OR		
2 2		OME OR OTHER INSTITUTION GI	VE RESIDENCE BEFORE ADMIS		Rectifed Duti	.c. maner		
Na Ma	TATE BY ATTENDED	altimore	Parkville	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 7806 Wendov	ver Ave 21234		
14. FA	THER'S NAME	tron Salaza:	LAST	15. MOTHER'S MAIDEN NA	ME	2 ^{LAST}		
6 450				Helen	? ADDRESS	?		
Poges Medico	AS DECEASED EVER IN U	YES, GIVE WAR OR DATES)	66. SOCIAL SECURITY N 220-14-810			6 Deenwood Rd		
the services.		nter colly one course per lu				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
move vent,	18 CAUSE OF DEATH IER PART I. DEATH WAS C	CAUSED BY:	Cursiae.	Anest		BETWEEN ONSET AND DEATH		
or re	4029		AS A CONSEQUENCE	OF 7		>		
ove on thion,	Conditions, if any, wh	ich ((b)	Hamiters	A ./ Y	2	,		
cremo			AS A CONSEQUENCE	OF .				
Then pled injury, or injury, or	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM		ON GIVEN IN PART 110		
ATIO THE	19a DATE OF OPERATION	19h CONDITI	ON FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? [20]	LIF YES, WERE FINDINGS USED		
permit.	Amil 19	82 (Carrie ma	2 Contile	YES NOT	CERTIFYING CAUSES OF DEATH?		
m 18 sho	210. ACCIDENT WAS UNDERLY	- 110110 4 44	NJURY MONTH DAY Y	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN			
CAL CAL	OR CONTRIBUTING CAUSE	OFDEATH	MONTH DAT	19				
he burial- nd Menta id or flem	21d. INJURY OCCURRED	21e. PLACE OF	INJURY	TH. LOCATION	CITY OR TOWN	COUNTY STATE		
tho orke	AT WORK NOT WHILE			1				
Heo His m	22a. I certify that (I) (this			19 6		and have and from the causes stated		
hed fo	abave, (1) (v/e) (did) (27b, SIGNATURE/	ive an did nat view the body af	ter death.	DEGREE DEGREE	death accurred an the date of	22c. DATE SIGNED		
T De T	X. In	· I ha	Marc	ALD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	13/2/22		
4 0 0	700	m 1 1/10	n i c	220. ADDRESS	DIRECTOR PHYSICIAN	1120 0		
ANT.	224. PHYSICIAN'S NAME	(TYPE OR PRHOT)						
Apolic be det	Sylvan	D Goldberg.	M.D.	Medical Ar	rts Bldg. Balt	timore, Maryland		
MPORT THE THE THE THE THE THE THE THE THE TH	Sylvan URIAL, CREMATION, REM	D Goldberg.	23c. NAME	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE		
23a. Bl	Sylvan	D Goldberg.	23c. NAME	of Cemetery or Crematory Cdens Of Faith	23d LOCATION	e, Maryland		



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Page 4 may be hours after by the funeral director, page 3 fired within 72 hours after death structure north st	SEX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY)	MIDDLE S. F. Mullaney A RACE White TO CITIZEN OF WHAT COUNTRY Baltimore	S. DATE OF BIRTH MONTH 28 1889 MARRIED NEVER MARRIED	REG. NO. 20 DATE OF DEATH MONTH March 16, 198 6. AGE JIN YEARS LAST BRITHDAY! 93	F UNDER I YEAR	2b. HOUR 7 A			
Page 4 may be can by the funeral director, page 3 med within 72 hours after death states are be notified at once.	Charle SEX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY)	RACE White The CITIZEN OF WHAT COUNTRY Baltimore	мунтн 28 ум889	March 16, 198 6. AGE IN YEARS LAST BIRTHDAY!	F UNDER I YEAR	7 A			
Page 4 ren by the funeral director, ren led within 72 hours after st. be notified at once.	Male BIRTHPLACE (STATE OR FOREIGN) COUNTRY) COUNTRY	White To citizen of what country Bultimore	мунтн 28 ум889	93					
A hours after on by the funeral med within 72 h	Maryland	Baltimore	A APPIED A NEVER MARRIED		RS.	HOURS MIN			
24 hours af	Jowson		WIDOWED DIVORCED	BALTIMORE CITY OR COU					
2 13		11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF				
	SUAL RESIDENCE (# NURSING HOME OR OF BY STATE 136 COUNTY	other institution, give residence before it. 134 Fit of tover	READMISSION) VAGE VES D NO D	It. Savage	215/15	0007			
ared with	FATHER'S NAME (harles Mullar	NODLE LAST	15 MOTHER'S MAIDEN NA Cecelia Ca	The thirt will be	LAST				
be executed and the rest of th	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	MED FORCES? THE SOCIAL SEC	URITY NO. 17 INFORMANT	Mullaney 1161	2 #:4-6:	0			
law requires that the been signed by the at r. Then please removering to burial, cremating any injury, or other	gave rise to immediate course to stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
CERTIFICATION	DATE OF OPERATION			YES NO DY	YES, WERE FINDING RTIFYING CAUSES O YES	OF DEATH?			
2 2 6 - 6	OR CONTRACTOR TO CAME OF SEA	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	IE, PART 1 OR PART 2)				
DING PHYSI ttending physics After this cer s the burial-tr th and Menta marked or Itt	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC. 211. LOCATION STREET	CITY OF TOWN	COUNTY	STATE			
ATTENI outal or at ECTOR: for use as of Health	27a.l certify that (h) who isopred sow the deceased alive on obove, (l) (was did lad not)	ol) oftended the deceased from 19 19	83, ond that in (my) (our) opinion of	deoth occurred on the date and		oot (I) (we) le			
the hosp the hosp aAL DIRI letached f are Dept. NT: If Ite	226. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 3-16-8-3								
TO HOSPITAL TO FUNERAL Should be deta	Rafael A. P.	PRINT	27e ADDRESS 5400 Old Co						
DE DE SE	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY t. Michaels (emete)	23d. LOCATION CITY OF TOWN	COUNTY	STATE			
01				ry trantburg	///	ralano			

